



This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

OPERATOR: License #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
If pre 1967, supply original completion date: _____
Spot Description: _____
____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
____ Feet from North / South Line of Section
____ Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: _____
Lease Name: _____ Well #: _____

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: _____ PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: _____

Address: _____ City: _____ State: _____ Zip: _____ + _____

Phone: (_____) _____

Plugging Contractor License #: _____ Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Phone: (_____) _____

Proposed Date of Plugging (if known): _____

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically



CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location:
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
County: _____
Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically

Form	CP1 - Well Plugging Application
Operator	Bear Petroleum, Inc.
Well Name	MAULER 1-12
Doc ID	1042483

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
1865	1875		
1882	1892		



Cement Squeeze

FIELD ORDER No: C 33103

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 1-28-09

IS AUTHORIZED BY:

Bear Petroleum

(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Mauerk Well No. 1-12 Customer Order No. _____

Sec. Twp. _____ Range _____ County BARTON State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.
The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
4000D	46	MILEAGE TOOLS R.T.	1.00	46.00
3002	1	3 1/2 PACKER RETURN		750.00
4000D	1	STEPPER HOOD RETURN		150.00
4000D	23	MILEAGE PUMP TRUCK	3.00	69.00
4000D	1	PUMP CHARGE	9.00	9.00
4055	1	C20L Fluid Loss	35.00	35.00
4001	50	Common	11.25	562.50
4200		Bulk Charge	MIN	150.00
4201		Bulk Truck Miles	MIN	150.00
		Process License Fee on _____ Gallons		200.50
TOTAL BILLING				2199.50

I certify that the above material has been accepted and used, that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative A.G. CURTIS

Station GB

Dick Schenmer

Well Owner, Operator or Agent

Remarks

NET 30 DAYS



TREATMENT REPORT

Acid Base No.

1-29-09 District 6B F.O. No. C 33103

Company BEAR PERFORUM

Well Name & No. MAURER 1-12

Location Field ES State KS

Casing: Size 3 1/2 Type & Wt. Perf. Set at. ft.

Formation: Perf. to. ft.

Formation: Perf. to. ft.

Liner: Size Type & Wt. Top at. ft. Bottom at. ft.

Cemented: Ysg./% Perforated from. ft. to. ft.

Tubing: Size & Wt. 2 3/8 Gung at. ft. to. ft.

Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Blowdown:	Bbl./gal.			
	Bbl./gal.			
	Bbl./gal.			
Fresh:	Bbl./gal.			
Treated from:	ft. to. ft.			
from:	ft. to. ft.			
from:	ft. to. ft.			
Actual Volume of Oil/Water to Load Hole:				Bbl./Gal.
Pump Trucks No. Used:	318	Bbl.		
Auxiliary Equipment:	327			
Packer:				Set at. ft.
Auxiliary Tools:				
Plugging or Sealing Materials:	Type:			ft. in.

Company Representative Dick Treater A.G. Curtis

REMARKS

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
08:00				ON LOC
				GO IN TO SET UP 3 1/2" ST SHEAR ON 2 3/8" TUBING.
				SET PACKER @ 1802'
				LOAD ANNULUS - OK 500 #
				TAKE INJECTION RATE
				3 BPM @ 2 PSI
				MIX CEMENT 25 SKS FILL 25 SKS NEAR
				TOOK CEMENT ON THE
				OVER DISCHARGE 4 BBL'S.
				PULL PACKER
				SDPN.
				1-29-09
				TA6 CEMENT @ 1876'
				TOP PORES 1865-75
				BOTTOM PORES 1882-91
				SWAB TEST ANNULUS ON
				JOB COMPLETE
				THANK YOU A.G. CURTIS



Mark Parkinson, Governor
Thomas E. Wright, Chairman
Joseph F. Harkins, Commissioner
Ward Loyd, Commissioner

August 26, 2010

Dick Schremmer
Bear Petroleum, Inc.
PO BOX 438
HAYSVILLE, KS 67060-0438

Re: Plugging Application
API 15-165-20523-00-00
MAULER 1-12
SW/4 Sec.12-18S-16W
Rush County, Kansas

Dear Dick Schremmer:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after February 22, 2011. The CP-1 filing does not bring the above well into compliance with K.A.R 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely,
Production Department Supervisor

cc: District 1

(620) 225-8888