Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 30 days from plugging date.

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## **WELL PLUGGING RECORD**

K.A.R. 82-3-117

Form CP-4
September 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: Bear Petroleum, Inc.  Address: P.O. Box 438 Haysville, Kansas 67060  Phone: (316) 524-1225				API Number: 15 - 159-21182 ~ 00 - 00									
				Lease Name: Wolf "B"  Well Number: 2-6									
								$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					
				, married	well log attached?						County: Rice		⅓ West
				Producing Formation(s): List All (If needed attach a		L							
				Depth to Top: Bottom: T.D  Depth to Top: Bottom: T.D				Plugging Commenced: 6-11-04					
Depth to Top:											Plugging Complet	ed: 6-15-04	
Show depth and thickness of all water, oil and ga		· · · · · · · · · · · · · · · · · · ·											
Oil, Gas or Water Records	as ioimations.		sing Poored "	Purfoce Conductor 5 5	rodund a A								
Formation Content	From 17	To ;	Size	Surface Conductor & P. Put In	Pulled Out								
			8-5/8"	213	None								
			5-1/2"	1	1800'								
		-	7-1/2	3347	1000								
				:									
	20					1							
Describe in detail the manner in which the well is hole. If cement or other plugs were used, state the Plugged off bottom with sand pulled up to 1050, pumped 3 cement W/200# hulls, pulled	the character of san d to 3420' 35 sacks cer	ne depth place and 5 sa ment W/	ed, from acks cem 100# hul	ent, Cut 5- 1s, pulled t	feet each set1/2" casing loose @18 up to 625', pumped 35	300', sack							
					Plugging Complete.								
Name of Plugging Contractor: Mike's Te	esting & Sa	111200	Inc										
			LIIC.	License #:	01029	***************************************							
Address: P.O. Box 467 Chase	e, Kansas 6	7524											
Name of Party Responsible for Plugging Fees:	Bear Pe	troleum	, Inc.										
State of <u>Kansas</u> County, Mike Kelso	Rice	Activist to restaurate the House State Constitution for	, \$S.										
			(Employee of	Operator) or (Operat	or) on above-described well, being fire	st duly							
sworn on oath, says: That I have knowledge of the same are true and correct, so help me God.	e facts statements,	and matters	herein contain	ned, and the log of th	e above-described well is as filed, an	nd the							
•	(Signature)	2/	20	le-									
	PΛ	. Box 46	57 Ch	ase, Kansas	67524								
OFIVED	(Address) 1.0	• BOX 40		ase, Kansas	07324	W-distribution							
RECEIVED	SWORN TO before	me this <u>24</u>	th day of _	June		ŀ							
JUN 25 2004 Seen	e) Skrybe	19	Му	Commission Expires:	NOTARY PUBLIC - State of Kar								
IOC WICHITA	Notary/Fublic ,		-	·	IRENE HERZBERG My Appt. Exp. 234-	25							
					I								