

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117

Form CP-4
December 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, KS 67060

Phone: (316) 524-1225 Operator License #: 4419

Type of Well: Oil Docket #: _____
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)

The plugging proposal was approved on: 9-7-04 (Date)

by: Jack (KCC District Agent's Name)

Is ACO-1 filed? ☒ Yes ☐ No If not, is well log attached? ☐ Yes ☒ No

Producing Formation(s): List All (If needed attach another sheet)

Mississippi Depth to Top: 3476 Bottom: 98 T.D. 3563

KC Depth to Top: 3181 Bottom: 93 T.D. _____

Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15-159-22044-00-00

Lease Name: Brother 5

Well Number: 10-1

Spot Location (QQQQ): C - SW/4 - _____
1320 Feet from ☐ North / ☒ South Section Line

3960 Feet from ☒ East / ☐ West Section Line

Sec. 1 Twp. 21 S. R. 7 ☐ East ☒ West

County: Rice

Date Well Completed: NA

Plugging Commenced: 9-8-04

Plugging Completed: 9-8-04

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
	Surface	Surface	210	8 5/8	210	0
	Production	Surface	3563	5 1/2	3563	1300

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Sanded back from 3225 to 3131', dump bail 5 sax cement, shoot pipe off at 1300', pull pipe to 1063', spot 35 sax, pull pipe to 640', spot 35 sax, pull pipe to 265', wait 1 1/2 hrs, circulate cement to surface, pull pipe, and top well off. Total 240 sax 60/40 poz.

Name of Plugging Contractor: Gressel Oil Field Service, Inc.

License #: 3004

Address: P.O. Box 607, Burrton, KS 67020

Name of Party Responsible for Plugging Fees: Bear Petroleum, Inc.

State of Kansas County, Sedgwick, ss.

R. A. Schremmer

(Employee of Operator) or (Operator) on above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

(Signature) _____

(Address) P.O. Box 438, Haysville, KS 67060

 SHANNON HOWLAND
Notary Public - State of Kansas
My Appt. Expires 3/10/08

SUBSCRIBED and SWORN TO before me this 16th day of September, 20 04

Shannon Howland
Notary Public

My Commission Expires: 3/10/08

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



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

DATE 9-8 2004

IS AUTHORIZED BY: Bea Petroleum Inc

Address _____ City Haysville State Ks

To Treat Well
As Follows: Lease Brother #10 Well No. 7 Customer Order No. _____

Sec. Twp. _____
Range _____ County Rice 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

[illegible]

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 _____

Station _____

Well Owner, Operator or Agent

Remarks

KEN'S #41801

NET 30 DAYS