

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)
The plugging proposal was approved on: 8-12-04 ~~4-28-04~~ ^{KCC} ₃₀₆ ₁₀₋₆₋₀₄ (Date)
by: Clyde (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)
KC Depth to Top: 3788 Bottom: 92 T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15-065-22442-00-00
Lease Name: Keith
Well Number: #1
Spot Location (QQQQ): SE - SE - NE - ^{KCC} ₃₀₆ ₁₀₋₆₋₀₄
2970 Feet from North / South Section Line
330 Feet from East / West Section Line
Sec. 29 Twp. 8 S. R. 24 East West
County: Graham
Date Well Completed: _____
Plugging Commenced: 8-13-04
Plugging Completed: 8-13-04

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	226	8 5/8	226	0
	Production	Surface	3932	5 1/2	3932	0

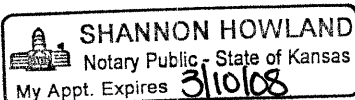
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Set CIBP at 3700', run tubing to 3700', spot 19 sax gel & 22 sax cement, pull tubing to 1300' FS, circulate cement to surface, pull tubing, top well off. Total 200 sax 60/40 poz.

Name of Plugging Contractor: Alliance Well Service License #: 33346
Address: 271 Lake Rd., Pratt, KS 67124

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

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

Shannon Howland My Commission Expires: 3/10/08
Notary Public

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

RECEIVED
SEP 17 2004
KCC WICHITA

RECEIVED

AUG 26 2004

ALLIANCE

WELL SERVICE, INC.

Invoice No.

0317

271 Lake Rd Pratt, KS 67124

24 Hour Phone: 785-623-3014 Fax: 620-672-5020

INVOICE

CUSTOMER

Dem per

Name GRESSEL OIL FIELD SERVICE
 Address PO Box 438
 City Haysville State KS ZIP 67060-0438
 ATTN _____

Date 8/25/2004
 Lease Name Keith
 Well Number 1
 County Graham
 State KS

Qty	Description	Unit Price	TOTAL
7	8/13/04 Work Ticket #2210		
	Rig #15 Operator & 2 men	\$145.00	\$1,015.00
1	Dope Trip	\$30.00	\$30.00
1	Tong Trip	\$75.00	\$75.00
1	5 1/2 Workover Head	\$150.00	\$150.00
1	2 7/8 Circ. Rubber	\$150.00	\$150.00
		SubTotal	\$1,420.00
		Tax	\$78.81
		TOTAL	\$1,498.81

Please Remit To: ALLIANCE WELL SERVICE, INC 271 Lake Rd Pratt, KS 67124



FIELD ORDER № 24795

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

DATE 8-11 2004

IS AUTHORIZED BY: BEAR PETROLEUM
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease KEITH Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County GRAHAM 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 _____ By _____ Agent

Well Owner or Operator

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
<u>1030</u>	<u>70</u>	<u>MILEAGE</u>	<u>2.50</u>	<u>175.00</u>
<u>1031</u>	<u>1</u>	<u>PUMP CHARGE</u>		<u>400.00</u>
<u>1032</u>	<u>100</u>	<u>HILLS</u>	<u>.25</u>	<u>25.00</u>
<u>1100</u>	<u>200</u>	<u>60/40 P02 2% gel</u>	<u>6.00</u>	<u>1200.00</u>
<u>1101</u>	<u>15</u>	<u>8% Add Gel</u>	<u>9.50</u>	<u>142.50</u>
<u>1102</u>	<u>19</u>	<u>gel on side</u>	<u>9.50</u>	<u>180.50</u>
<u>1200</u>	<u>200</u>	<u>Bulk Charge</u>	<u>1.00</u>	<u>200.00</u>
<u>1201</u>		<u>Bulk Truck Miles 234.5x 10.29 TX 70m = 720.76TM</u>	<u>.85</u>	<u>612.61</u>
		<u>Process License Fee on _____ Gallons</u>		
		TOTAL BILLING		

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

[Signature]
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

KEN'S #41801