

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: PO Box 438, Haysville, KS 67060

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

Type of Well: ENHR Docket #: E-23,540
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)

The plugging proposal was approved on: _____ (Date)

by: _____ (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)

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

API Number: 15-051-20,557-00-01

Lease Name: Yunker

Well Number: 1

Spot Location (QQQQ): _____ - NW - SW - NE

3630 Feet from North / South Section Line

2310 Feet from East / West Section Line

Sec. 35 Twp. 14 S. R. 19 East West

County: Ellis

Date Well Completed: _____

Plugging Commenced: 12-01-04

Plugging Completed: 12-02-04

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
				8 5/8	1342	
				5 1/2	3720	2400

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.

Ripped 2600', and 2400', worked free, pulled to 2000', pumped 100 sacks, pulled to 140', pumped 40 sacks, pulled to 550', pumped 30 sacks, pulled to 200', cement circulated to surface.

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DEC 27 2004
KCC WICHITA**

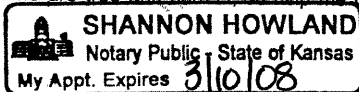
Name of Plugging Contractor: Quality Well Service, Inc. License #: 31925

Address: 401 West Main, Lyons, KS 67554

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

State of _____ County, _____, ss.

_____ (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) [Handwritten Signature]

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

SUBSCRIBED and SWORN TO before me this 23rd day of December, 2004

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

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

[Handwritten Signature]

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION
Please TYPE Form and File ONE Copy

Form CP-1
September 2003
This Form must be Typed
Form must be Signed
All blanks must be Filled

API # 15 - 051-20,557 (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued,

indicate original spud or completion date _____

Well Operator: Bear Petroleum, Inc. KCC License #: 4419

Address: P.O. Box 438 (Owner / Company Name) City: Haysville (Operator's)

State: KS Zip Code: 67060 Contact Phone: (316) 524 - 1225

Lease: Yunker Well #: 1 Sec. 35 Twp. 14 S. R. 19 East West

- NW - SW - NE Spot Location / QQQQ County: Ellis

3630 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)

2310 Feet (in exact footage) From East / West (from nearest outside section corner) Line of Section (Not Lease Line)

Check One: Oil Well Gas Well D&A Cathodic Water Supply Well
 SWD Docket # _____ ENHR Docket # E-23,540 Other: _____

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

Surface Casing Size: 8 5/8" Set at: 1342 Cemented with: 650 Sacks

Production Casing Size: 5 1/2" Set at: 3720 Cemented with: 135 Sacks

List (ALL) Perforations and Bridgeplug Sets: OH 3720-25', Arbuckle, CIBP 3650', KC Perfs 3724-76'
Cement squeezed 9-28-04, PBDT 3435' cement 3424-76

Elevation: 2101 (G.L. / K.B.) T.D.: 3725 PBDT: 3435 Anhydrite Depth: 1345 + 756
(Stone Corral Formation)

Condition of Well: Good Poor Casing Leak Junk in Hole

Proposed Method of Plugging (attach a separate page if additional space is needed): According to the rules and regulations of the KCC
2000 1005x 300 wells 1400 300 wells 405x 550 305x
200 circ.

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

If not explain why? _____

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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.

List Name of Company Representative authorized to be in charge of plugging operations: Dick Schremmer

Phone: (316) 524 - 1225

Address: P.O. Box 438 City / State: Haysville, KS 67060

Plugging Contractor: Mike's Testing & Salvage KCC License #: 31529

Address: P.O. Box 467, Chase, KS 67524-0467 Phone: (620) 938 - 2943

Proposed Date and Hour of Plugging (if known?): unknown

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

Date: 10-14-04 Authorized Operator / Agent: _____ (Signature)



FIELD ORDER N° 25802

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

DATE 12-02 20 04

IS AUTHORIZED BY: BEAR Petroleum (NAME OF CUSTOMER)

Address _____ City JHA _____ State _____

To Treat Well As Follows: Lease YOUNKER # _____ Well No. _____ Customer Order No. _____

Sec. Twp. Range _____ County ELLIS _____ 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
1030	50	MILEAGE Pump Truck	2.50	125.00
1031	1	Pump Charge		400.00
1032	500	HULLS	.25	125.00
1000	230	60/40 Pop 2% Gel	6.00	1380.00
1050	8	4% ADDITIONAL Gel	9.50	76.00
RECEIVED				
DEC 27 2004				
KCC WICHITA				
1000	230	Bulk Charge	1.00	230.00
1001		Bulk Truck Miles 10.12 TX 50m = 506 TM	.85	430.10
Process License Fee on _____ Gallons				
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. B. CURTIS

Station O B

Well Owner, Operator or Agent

Remarks

KEN'S #41801

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date 12-20-04 District GB F. O. No. 25802
 Company BEAR PETROLEUM
 Well Name & No. YOUNGER
 Location Ellis Field KS
 County Ellis State KS

Casing: Size 5 1/2 Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft. to _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T. D. _____ ft. P. B. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Bkdown _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 Flush _____ Bbl. /Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____

Actual Volume of Oil /Water to Load Hole: _____ Bbl. /Gal.
 Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment _____
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative _____ Treater A. G. CURTIS

TIME a.m /p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:				2000' 100 SKS + 300 HULLS
:				
:				1400' 40 SKS + 100 HULLS
:				
:				550' 30 SKS + 100 HULLS
:				
:				200' CIRCULATE TO SURFACE
:				60 SKS
:				
:				230 SKS TOTAL
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 DEC 27
 KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

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September 2003
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Form must be Signed
All blanks must be Filled

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indicate original spud or completion date _____.

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(Owner / Company Name) (Operator's)

Address: P.O. Box 438 City: Haysville

State: KS Zip Code: 67060 Contact Phone: (316) 524 - 1225

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- NW - SW - NE Spot Location / QQQQ County: Ellis

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2310 Feet (in exact footage) From East / West (from nearest outside section corner) Line of Section (Not Lease Line)

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Cement squeezed 9-28-04, PBTD 3435' cement

Elevation: 2101 (G.L. / K.B.) T.D.: 3725 PBTD: 3435 Anhydrite Depth: 1345 + 756
(Stone Corral Formation)

Condition of Well: Good Poor Casing Leak Junk in Hole

Proposed Method of Plugging (attach a separate page if additional space is needed): According to the rules and regulations of the KCC

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

If not explain why? _____

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(Company Name) (Contractor's)

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Proposed Date and Hour of Plugging (if known?): unknown

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

Date: 10-14-04 Authorized Operator / Agent:  (Signature)



TREATMENT REPORT

Acid Stage No.

Date 11-19-04 District Overton F. O. No.
 Company Bear Pet.
 Well Name & No. Hughes #1
 Location..... Field.....
 County Rice State KS

Casing: Size 5 1/2 Type & Wt..... Set at.....ft.
 Formation..... Perf.....to.....ft.
 Formation..... Perf.....to.....ft.
 Formation..... Perf.....to.....ft.
 Liner: Size..... Type & Wt..... Top at.....ft. Bottom at.....ft.
 Cemented: Yes/No. Perforated from.....ft. to.....ft.
 Tubing: Size & Wt..... Swung at.....ft.
 Perforated from.....ft. to.....ft.
 Open Hole Size..... T.D.ft. P.B. to.....ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand

Bkdown.....Bbl./Gal.
Bbl./Gal.
Bbl./Gal.
Bbl./Gal.

FlushBbl./Gal.

Treated from.....ft. to.....ft. No. ft.
 from.....ft. to.....ft. No. ft.
 from.....ft. to.....ft. No. ft.

Actual Volume of Oil/Water to Load Hole: Bbl./Gal.

Pump Trucks. No. Used: Std 320 Sp. Twin

Auxiliary Equipment

Packer:..... Set at..... ft.

Auxiliary Tools

Plugging or Sealing Materials: Type 150 sk 6 7/8 6% gellb.

Company Representative _____ Treater D. Ransler

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:				
:				
:				
:				Cement plug at 1050' w/ 35 sks 6 7/8 6%
:				
:				2nd plug at 600' w/ 35 sks 6 7/8 6%
:				
:				last plug at 300' to surface w/ 80 sks 6 7/8 6%
:				Cement standing full in well.
:				Job complete
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KCC WICHITA

150 sks 6 7/8
42 m. gal