

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: Oil Docket #: \_\_\_\_\_  
(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: 15-159-21777-00-00

Lease Name: Brothers

Well Number: 7-1

Spot Location (QQQQ): \_\_\_\_\_ - SW - SW - SE 3-1-05

330 Feet from  North /  South Section Line

2310 Feet from  East /  West Section Line

Sec. 1 Twp. 21 S. R. 7  East  West

County: Rice

Date Well Completed: \_\_\_\_\_

Plugging Commenced: 01-19-05

Plugging Completed: 01-21-05

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	218	
				5 1/2	3608	2550'

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.

Bailed 5 sacks of cement, ripped 2691', worked pipe, ripped 2550', worked pipe free, pulled to 1050', pumped 35 sacks, pulled to 650', pumped 35 sacks, pulled to 270', circulated cement to surface.

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 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 25th day of February, 20 05

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

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

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

RECEIVED  
FEB 28 2005  
KCC WICHITA

*[Handwritten signature]*



pool book

FIELD ORDER N<sup>o</sup> 24950

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

DATE 1-21 2005

IS AUTHORIZED BY: Bear Petroleum Inc  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease BROTHERN Well No. #1 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County Rice State KO

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 \_\_\_\_\_  
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
<u>1031</u>	<u>1</u>	<u>Prep truck play</u>		<u>400</u>
<u>1030</u>	<u>40</u>	<u>miles</u>	<u>2.50</u>	<u>100-</u>
<u>4000</u>	<u>145</u>	<u>sax 60/40 p2</u>	<u>6.00</u>	<u>870-</u>
<u>4050</u>	<u>2</u>	<u>sax gel</u>	<u>9.50</u>	<u>19-</u>
<u>4000</u>	<u>145</u>	<u>Bulk Charge</u>	<u>1.00</u>	<u>150-</u>
<u>4001</u>	<u>40</u>	<u>Bulk Truck Miles</u>	<u>1.85</u>	<u>214-</u>
		Process License Fee on _____ Gallons		
		<b>TOTAL BILLING</b>		

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 Dean

Station \_\_\_\_\_

Well Owner, Operator or Agent

Remarks \_\_\_\_\_

KEN'S #41801

NET 30 DAYS

RECEIVED  
FEB 28 2005  
KCC WICHITA

