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

Notary Public - State of Kansas

My Appt. Expires 3110108

## 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

API Number: 15-1515921,459 -00-0 Lease Operator: Bear Petroleum, Inc. Lease Name: \_\_Steierl Address: PO Box 438, Haysville, KS 67060 Well Number: 1 SWD Phone: (316 ) 524 - 1225 Operator License #: 4419 Spot Location (QQQQ): 165' Type of Well: ENHR Docket #: E-24836 3792 Feet from North / South Section Line (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR) 2310 Feet from East / West Section Line The plugging proposal was approved on: \_\_\_ (Date) Sec. 27 Twp. 21 S. R. 7 East West (KCC District Agent's Name) bv: County: Rice If not, is well log attached? Yes No Is ACO-1 filed? Yes No Producing Formation(s): List All (If needed attach another sheet) Date Well Completed: Plugging Commenced: 03-08-05 \_\_ Depth to Top: \_\_\_\_ \_\_\_\_ Bottom: \_\_\_ Depth to Top: \_\_\_\_ \_\_\_ Bottom: \_\_\_ Plugging Completed: 03-10-05 \_ Bottom: \_\_ Depth to Top: \_\_\_ Show depth and thickness of all water, oil and gas formations. Casing Record (Surface Conductor & Production) Oil, Gas or Water Records Put In **Pulled Out** Formation Content From To Size 232 8 5/8 2510' 5 1/2 3491 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. Checked hole, sand at 3360', bailed 5 sacks, ripped 2510', worked free, pulled to 1000', pumped 35 sacks, pulled to 550', pumped 35 sacks, pulled to 280', circulated cement to surface. RECEIVED MAR 16 2005 Name of Plugging Contractor: Quality Weil Service, Inc.

License #: 31925 KCC WICHITA Address: 401 West Main, Lyons, KS 67554 Name of Party Responsible for Plugging Fees: Bear Petroleum, Inc. State of Kansas \_\_ (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. (Address) P.O. Box 438, Haysville, KS 67060 SUBSCRIBED and SWORN TO before me this 15th day of SHANNON HOWLAND My Commission Expires:



 $\begin{array}{cccc} \textbf{FIELD} & \\ \textbf{ORDER} & N^{\underline{o}} & 24952 \end{array}$ 

BOX 438 • HAYSVILLE, KANSAS 67060

Remarks_ KEN'S #41801			NET 30	DAYS		***************************************	
Station					Well Owner, Ope	rator or Agent	
•	Representativ	/e	**************************************				
manner u	nder the dire	ction, supervision and	d control of the owner				
Location 4	not the char	material has been a	poented and used: the		OTAL BILLING		and workmanlika
		Process Lice	ense Fee on	-	allons		
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100	160	Bulk Charge				1.00	160-
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			Well Owner or Operator  DESCRIP	TION		Agent	AMOUNT
not to be held li implied, and no treatment is pay our invoicing de	able for any dan representations able. There will partment in acc gned represents IST BE SIGNED	nage that may accrue in co have been relied on, as to be no discount allowed sul ordance with latest publishe himself to be duly authoriz	nnection with said service what may be the results or osequent to such date. 6% and price schedules.	or treatment. Co effect of the serv interest will be c	peland Acid Service hericand or treating said harged after 60 days.	nas made no repre well. The conside	esentation, expressed o eration of said service o
Sec. Twp. Range	As a part of the	consideration hereof it is ag	County	UCF/6	e or treat at owners ri	State	
	_ease	TEIERL	Well No.	The same	Custome	er Order No	A
Address			City	ta Sun	le Kri	State	
IS AUTHORIZ	ZED BY:	Bea	Tet sea	JSTOMER)	1. 1.		
			316-524-1	1225	DATE	-10-	_ 20



## TREATMENT REPORT

Acid &	Cemen	it 🕮		Acid Stage No
				Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
Date 3-10.	05 Di	strict Burn	ten F.	O. No
Company Re	at for	Ť .		Bbl. /Gal
Well Name & 2	vo Sterie	سائ الع	0	Bbl./Gal
Location			Field	Bbl./Gal
County Rise	ح		State 15.5	FlushBbl./Gal
	. 1			Treated fromft. toft. No. ftft.
				Set atft. fromft. toft. No. ft
				to
				Actual Volume of Oil/Water to Load Hole:Bbl./Ga
				tt. Bottom at
Peri	orated from			Auxiliary Tools  Plugging or Sealing Materials: Type. 16.0 5K 5750
them Wals Cine	_	T D	<b>6.</b> P 1	.B. to
then Role Size				
Company R	enresentativ	•		Treater D. Longester
TIME	T- T	SURES	Total Fluid	
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:				pump 35 sk plug at 1000
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				2 md plug 35 sk et 550'
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