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: Bea	r Petroleum, Inc.				API Number: 15	- 035-20557 - 00 - 0	21
Address: P.O. Box 4	138, Haysville, KS 67	060				. Morris	
			419				MANAGEMENT OF THE PARTY OF THE
Phone: (316) 524 - 1225 Operator License #: 4419 Type of Well: ENHR (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Docket #: E-27204 (If SWD or ENHR) The plugging proposal was approved on: 4-26-05 (Date) by: Butch Hoberecht (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) Arbuckle Depth to Top: 3394 Bottom: 3416 T.D. 3416 Depth to Top: Bottom: □ T.D. □					Well Number: Spot Location (QQQQ): NE - SE - NE - 3630 Feet from North / South Section Line 330 Feet from East / West Section Line Sec. 34 Twp. 31 S. R. 4 ✓ East West County: Cowley Date Well Completed: 8-8-73 brig (rad Signal A)- Plugging Commenced: 12-6-05 6-2-05		
Show depth and thickness	ess of all water, oil and ga	s formations.					
Oil, Gas o	r Water Records		C	asing Record (Surface Conductor & Pro	duction)	
Formation	Content	From	То	Size	Put In	Pulled Out	
	Surface	Surface	199	8 5/8"	199	0	
	Production	Surface	3409	5 1/2"	3409	527	
Backed off stuck p		bailed 5 sax	cement on	packer, pip	e parted at 527', p	olug set. ulled pipe out of hole, and topped well off	
Address: P.O. Box	Braden Pet Grossel Oil Fiel 607, Burrlon, KS	67020		***************************************		32475	10-21-0 6-21-0 8-5-10-10-10-10-10-10-10-10-10-10-10-10-10-
	sible for Plugging Fees: D		nmer, Bea	r Petroleu	ım, Inc.		
State of Kansas	County, _	Sedgwick		_ , SS.			
Dick Schremmer,	Bear Petroleum, Inc.			_ (Employee of	Operator) or (Operator	r) on above-described well, b	peing first duly
sworn on oath, says: The same are true and corre		(Signature)	M		ned, and the log of the	above-described well is as	,
SHANNON HOWI	AND SUBSCRIBED and	(**************************************					20 05
Notary Public - State of Popt. Expires 3 10 08		11	bush		Commission Expires:	3/10/08	ECFIVET
						. 5 %	moment Tought ANDRES IS IN THE SECOND THE



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FIELD

ORDER N° 25363

1 1010		BOX 438 • H				,			
		A	316-524-		DATE_	- 02	レ	20 Ø	5
IS AUTHORI	ZED BY:	Bear Petrole	UM (NAME OF CI	, USTOMER)					
Address			City	·			State		
To Treat Well As Follows:	Lease El	- Morris	Well No	_8_	,	Customer	Order No		
Sec. Twp. Range			County	Cowi	ey		State 🚣		
implied, and no treatment is pay our invoicing de	able for any da representation: able. There wi partment in acc	consideration hereof it is agreed that Copel- mage that may accrue in connection with sa have been relied on, as to what may be the I be no discount allowed subsequent to such ordance with latest published price schedul himself to be duly authorized to sign this o	and Acid Se aid service e results or h date. 6% les.	ervice is to serv or treatment. O effect of the se interest will be	rice or treat at Copeland Acid ervicing or trea charged after	owners risk, Service has	the hereinbeformade no repr	eration of sa	expressed
THIS ORDER MU BEFORE WORK					By				
		Well Owner or O	perator				Agent		
CODE	QUANTITY		DESCRIP	PTION			UNIT COST	AMC	DUNT
1130	35	MILLAGE					250	87	00
131		Pump Chano						450	00
Protul	1	Pory TRAILER						100	00
4000	100	60/40 Pg2 29. Gel	2 Add	90 be	e sc		950	685	00
21100		Bulk Charge Mu	W					150	00
21701			Mas		***************************************			150	00
		Process License Fee on	7.0	G	allons			10-	
					TOTAL BII	LING	***************************************		
manner u	at the above nder the dire Representativ	e material has been accepted and uction, supervision and control of the	e owner,	t the above s	service was	performe	d in a good nature appe	i and work ears below	manlike
Remarks				***************************************	Well O	wner, Operato	r or Agent		
KEN'S #41801		N	ET 30 I	DAYS					

RECEIVED

JUN 2 1 2005



KCC WICHITA TREATMENT REPORT

Date Company Bear Petrouseum Bear Petrouseum Bear Petrouseum Bear Petrouseum Bear Petrouseum Bear Beblidal Beblidal	t. No. ft
Well Name & No. Location Field State State State State State State Flush Bbl./Gal. Treated from. ft. to. from. Actual Volume of Oil /Water to Lond Hole: Perf. Company Ferforated from. ft. to. ft. to. ft. to. ft. to. ft. to. ft. to. Treater Tope & Wt. Swung at. ft. to. ft. Company Representative Time FRESSURES Total Fluid Fumped Tabing Tabing Casing Total Fluid Fumped REMARKS Company Representative Treater Company Representative Treater Freater Freater FRESSURES Total Fluid Fumped REMARKS Carrent Company Representative Treater Company Representative Representative Representative Representative Representative Representat	t. No. ft
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Casing: Size	t. No. ft
Casing: Size Syle Type & Wt. Set at t. ft. Formation: Permation: Permation: Permation: Permation: Permation: Permation: Permation: Perf. to ft. to ft.	t. No. ft
Formation: Formation: Perf. Perf. Total ft. to. Perf. Liner: Size Type & Wt. Comented: Yes/No. Perforated from. Perf. Tubing: Size & Wt. Perforated from. Time New Perforated from. Time Type Type Type Type Type Type Type Typ	t. No. ft
Formation: Perf. to Actual Volume of Oil / Water to Lond Hole: Formation: Perf. to Perf. to Pump Trucks. No. Used: Std. Sp. Auxiliary Equipment Perforated from ft. to ft. Tubing: Size & Wt. Swung at ft. Perforated from ft. to ft. Tubing: Size & Wt. Swung at ft. Perforated from ft. to ft. Tubing: Size & Wt. Swung at ft. Treater: Treater: Treater: Perforated from ft. to ft. Treater: Treater: Plugging or Sealing Materials: Type. Treater: Perforated from ft. to ft. Treater: Plugging or Sealing Materials: Type. Suppose ft. Size ft. S	Twinatft.
Liner: Size	Twinatft.
Company Representative	at
Tubing: Size & Wt. Swung at	atft.
Perforated from tt. to tt. to tt. tt. Auxiliary Tools Plugging or Sealing Materials: Type Plugging or Sealing Materials: Type Treater PLAN Time PRESSURES Total Fluid Pumped REMARKS :	
Company Representative Treater Dean Time PRESSURES Total Fluid Pumped REMARKS : REMARKS : REMARKS Company Representative Total Fluid Pumped REMARKS : REMARKS : REMARKS : REMARKS	
Company Representative Treater DEAN TIME PRESSURES Total Fluid Pumped REMARKS :	
Company Representative Treater Dean Time s.m/p.m. Tubing Casing Pumped Pumped REMARKS :	
TIME a.m /p.m. Tubing Casing Pumped REMARKS :	
Tubing Casing Pumped REMARKS	
Tubing Casing Fumper	
RUN POLY to 250'	
: CIRCULATE CEMENT TO : SURFACE : 100 Shs 60/40 4%	
: SURFAIR : SURFAIR : 100 Shs 60/40 490 : 100 Shs 60/40 490	****
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