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.					API Number: 15 - 195-20813 - 00 - 00	
Address: PO Box 438, Haysville, KS 67060					Lease Name: Steckline	
Phone: (316) 524 -1225 Operator License #: 4419					1 Well Number:	
Type of Well: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) Operation Electrics #					Spot Location (QQQQ): NW - NW - SW	
The plugging proposal was approved on:(Date)					4500	East / West Section Line
by: Deines (KCC District Agent's Name)					Sec. 23 Twp. 12 S. R. 22 ☐ East West	
Is ACO-1 filed? Yes No If not, is well log attached? Yes No					County: TwpS. H East ▼ west	
Producing Formation(s): List All (If needed attach another sheet)						
Depth to Top: Bottom: T.D					Date Well Completed: 1-3-06	
Depth to Top: Bottom: T.D					Plugging Commenced:	
Depth to Top: Bottom: T.D					Plugging Completed: 1-4-06	
Show depth and thicknes	s of all water, oil and ga	s formations.		L		
	Water Records			Casing Record (S	Surface Conductor & Pro	oduction)
Formation	Content	From	То	Size	Put In	Pulled Out
				8 5/8	231	
				5 1/2	4078	1025
				-		
hole. If cement or other	plugs were used, state th	e character of	same depth	placed from (botto	om), to (top) for each	or methods used in introducing it into the plug set. ; tied on to 8 5/8", squeezed 25 sacks
	Quality Well Sonio	o Ino			0.46	RECEIVED
Name of Plugging Contractor: Quality Well Service, Inc.					License #: 319	
Address: 401 West Ma	ain, Lyons, KS 67554	1				JAN 1 3 2006
Name of Party Responsible for Plugging Fees: Bear Petroleum, Inc.						KCC WICHITA
State of Kansas	County, _	Sedgwi	ick	, SS.		. 2000 BAIO 1811 A
R.A. Schre	mmer, Pres	sident		(Employee of	Oncretor) or (Ot-	A
	I have knowledge of the		nts, and mat	ters herein contain	ed, and the log of the	r) on above-described well, being first duly above-described well is as filed, and the
SHANNON HO Notary Public - Stat My Appt. Expires 3(10)	OWLAND e of Kansas	(Signature)	?.o. Bo	x 438, H	ayoville, ke	5 67060
	SUBSCRIBED and S		efore me this	14n day of_	Sanuary	
	Shamo	Notary Pu	ard	My (Commission Expires:_	3/10/08



Remarks_

FIELD ORDER № C 030090

BOX 438 • HAYSVILLE, KANSAS 67060 DATE 1 - 04 20 05 316-524-1225 etroleum (NAME OF CUSTOMER) City_ Address_ To Treat Well ___ Customer Order No. __ Well No. As Follows: Lease Sec. Twp. Range County 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 UNIT QUANTITY DESCRIPTION **AMOUNT** CODE COST MILCAGE MARGE RECEIVED **Bulk Charge Bulk Truck Miles** 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__ Station Well Owner, Operator or Agent

NET 30 DAYS