

Fri. 7:00 to 7:00  
Mon. 6:00 to 2:00  
Tues. 6:00 to 5:00

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 - 167-22 131-0000 (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  
(Owner / Company Name) (Operator's)

Address: P.O. BOX 438 City: HAYSVILLE

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

Lease: BOOMHOWER A Well #: X-5 Sec. 25 Twp. 15 S. R. 14  East  West

- W/2 - SE - NE Spot Location / QQQQ County: RUSSELL

1980 Feet (in exact footage) From  North /  South (from nearest outside section corner) Line of Section (Not Lease Line)

1310 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 # \_\_\_\_\_  Other: \_\_\_\_\_

Conductor Casing Size: \_\_\_\_\_ Set at: \_\_\_\_\_ Cemented with: \_\_\_\_\_ Sacks

Surface Casing Size: 10 3/4 Set at: 901 Cemented with: 475 Sacks

Production Casing Size: 7 Set at: 3374 Cemented with: 300 Sacks

List (ALL) Perforations and Bridgeplug Sets: 3325-26 Sand at 3275 + 75Ks cement  
1200 150 x 75 900 50 x 75 450 circ.

Elevation: 3378 ( G.L. /  K.B.) T.D.: 3378 P.B.T.D.: 3338 Anhydrite Depth: 878  
(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

Pipe recovery 1213

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

If not explain why? \_\_\_\_\_

RECEIVED

JUN 05 2006

KCC WICHITA

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: QUALITY WELL SERVICE KCC License #: 31925  
(Company Name) (Contractor's)

Address: 401 WEST MAIN, LYONS, KS 67554 Phone: ( 620 ) 727 - 3410

Proposed Date and Hour of Plugging (if known?): UNKNOWN 5/17/06 - 9:00 AM

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

Date: 3/14/06 Authorized Operator / Agent: \_\_\_\_\_  
(Signature)

\*Well already plugged - Dlg - KCC - 6/14/06

Dist  
04