

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: P.O. 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: 1-10-06 (Date)  
by: Deines (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 - 195-21661 - 00 - 00  
Lease Name: Steckline *KCC 7/11/06*  
Well Number: 2 *PKT Per CP 213*  
Spot Location (QQQQ): E 52 - SE - NW - SW  
1500 Feet from  North /  South Section Line  
4290 Feet from  East /  West Section Line  
Sec. 23 Twp. 12 S. R. 22  East  West  
County: Trego  
Date Well Completed: \_\_\_\_\_  
Plugging Commenced: 6-21-06  
Plugging Completed: 6-22-06

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
	<u>Surb</u>			<u>8 5/8</u>	<u>339</u>	
	<u>Prod</u>			<u>4 1/2</u>	<u>4085</u>	<u>0</u>

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.

Bridge at 200', pushed to 1550', perforated at 1600', 900', 300', ran tubing to 1600', circulated 5 1/2 with 170 sacks,  
tied on 8 5/8, circulated from 300', packed in head, squeezed with 20 sacks

Name of Plugging Contractor: Quality Well Service, Inc. License #: 31925  
Address: 401 W Main, Lyons, KS 67554

Name of Party Responsible for Plugging Fees: Bear Petroleum, Inc.  
State of Kansas County, Sedgwick, ss.

R. A. Schremmer, President (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.

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JUL 10 2006

(Signature) \_\_\_\_\_

(Address) P.O. Box 438, Haysville, KS 67060

KCC WICHITA SUBSCRIBED and SWORN TO before me this 7<sup>th</sup> day of July, 2006

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

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

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

*PKT*



FIELD ORDER N° C 030591

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

DATE 6-22 2006

IS AUTHORIZED BY: BEAR Petroleum  
(NAME OF CUSTOMER)

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

To Treat Well As Follows: Lease Steekline Well No. 2 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County TREGO State KS

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

By \_\_\_\_\_

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
<u>1101</u>	<u>90</u>	<u>MILEAGE</u>	<u>300</u>	<u>270<sup>00</sup></u>
<u>21100</u>	<u>1</u>	<u>PUMP CHARGE</u>		<u>500<sup>00</sup></u>
<u>4100</u>	<u>240</u>	<u>60/40 2% Gel</u>	<u>700</u>	<u>1680<sup>00</sup></u>
<u>4050</u>	<u>17</u>	<u>8% Add Gel</u>	<u>950</u>	<u>16150</u>
<b>RECEIVED</b>				
<b>JUL 10 2006</b>				
<b>KCC WICHITA</b>				
<u>4000</u>	<u>240</u>	<u>Bulk Charge</u>	<u>125</u>	<u>300<sup>00</sup></u>
<u>2100</u>		<u>Bulk Truck Miles 10.56 T x 90 = 950.4</u>	<u>150</u>	<u>104544</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 GB

Dean  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**



TREATMENT REPORT

Acid Stage No. ....

Date: 6-22-06 District: GB F. O. No. C030591  
 Company: BEAR PET  
 Well Name & No.: STEELINE 2  
 Location: \_\_\_\_\_ Field: \_\_\_\_\_  
 County: TREBO State: KS  
 Casing: Size: 4 1/2 Type & Wt. \_\_\_\_\_ Set at \_\_\_\_\_ ft.  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Liner: Size \_\_\_\_\_ Type & Wt. \_\_\_\_\_ Top at \_\_\_\_\_ ft. Bottom at \_\_\_\_\_ ft.  
 Cemented: Yes/No. Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Tubing: Size & Wt. \_\_\_\_\_ Swung at \_\_\_\_\_ ft.  
 Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Open Hole Size \_\_\_\_\_ T.D. \_\_\_\_\_ ft. P.B. to \_\_\_\_\_ ft.

Type Treatment: Amt. \_\_\_\_\_ Type Fluid \_\_\_\_\_ Sand Size \_\_\_\_\_ Pounds of Sand \_\_\_\_\_  
 Bkdown \_\_\_\_\_ Bbl. /Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl. /Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl. /Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl. /Gal. \_\_\_\_\_  
 Flush \_\_\_\_\_ Bbl. /Gal. \_\_\_\_\_  
 Treated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_  
 Actual Volume of Oil/Water to Load Hole: \_\_\_\_\_ Bbl. /Gal.  
 Pump Trucks. No. Used: Std. 320 Sp. \_\_\_\_\_ Twin \_\_\_\_\_  
 Auxiliary Equipment \_\_\_\_\_  
 Packer: \_\_\_\_\_ Set at \_\_\_\_\_ ft.  
 Auxiliary Tools \_\_\_\_\_  
 Plugging or Sealing Materials: Type \_\_\_\_\_  
 \_\_\_\_\_ Gals. \_\_\_\_\_ lb.

Company Representative: Dick Treater: DEAN

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:				
:				
:				1600' w/ 170 SKS
:				
:				Tie onto 4 1/2
:				& CIRCULATE CEMENT
:				OUT BRADEN HEAD
:				w/ 50 SKS.
:				Squeeze to 350 #
:				w/ 20 SKS
:				
:				
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:				
:				TOTAL 240 SKS
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