## RECEIVED

**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

JUL 17 2006

Form CP-4 December 2003

## WELL PLUGGING RECORD KCC WICH

KCC WICHITA or Print on this Form Form must be Signed All blanks must be Filled

Lease Operator: Bear Petroleum, Inc.					API Number: 15 - 155-20957-00-00		
Address: P.O. Box 438, Haysville, KS 67060  Phone: (316 ) 524 -1225  Operator License #: 4419				Lease Name:			
				Well Number: A1-30			
Type of Well:  Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other)  Docket #:					Spot Location (QQQQ): W/2 - NW - NW - 4620 Feet from North / South Section Line		
	as approved on:		Art Committee of the Co	(Date)	5000 Feet from	n 🗸 East / 🗌 West Section Line	
<sub>by:</sub> Jack Luthi		· · · · · · · · · · · · · · · · · · ·	(KCC <b>Distric</b>	t Agent's Name)	Sec. 30 Twp. 2		
Is ACO-1 filed? Yes	s No If not, is	well log attache	ed? Ye:	s No	County: Reno	7/18/4KCC RBDB	
Producing Formation(s): I	List All (If needed attach ar	nother sheet)			Date Well Complete	ed: <del>7-7-04</del> 9-23-83	
	Depth to Top:	Bottor	n:	T.D	1	7-7-04	
Depth to Top: T.D					Plugging Commenced: 7-7-04 CCCPH  Plugging Completed: 7-7-04		
***************************************	Depth to Top:	Bottor	n:	T.D. 3752	Plugging Complete	a: PEVC	
Show depth and thickness	ss of all water, oil and ga	s formations.					
	Water Records				Surface Conductor & Pro		
Formation	Content	From	То	Size	Put In	Pulled Out	
	Surb	_	-	8 5/8"	259'	None	
	trod			4 1/2"	3752'	1950'	
			-	-			
,	,						
hole. If cement or other Plugged off bottom with with 100# hulls, pul	plugs were used, state th h sand to 2650' and 4 sa	e character of acks cement.  Ded 35 sack	same depth Cut 4 1/2" o	placed from (botto asing loose @ 1	om), to (top) for each   1950', pulled up to 13	or methods used in introducing it into plug set. 350', pumped 35 sacks cement 6' and circulated cement	
Name of Plugging Contra	actor: Mike's Testing & S				License #: 315	529	
						*****	
Name of Party Responsib			im, mc.				
State of Kansas	County, _	Sedgwick		, ss.			
R. A. Schremmer, Pres	sident			(Employee of	Operator) or (Operator	r) on above-described well, being first o	
sworn on oath, says: Tha same are true and correc		facts statement	nts, and matt	ers herein contain	ned, and the log of the	e above-described well is as filed, and	
		(Address)_P.	O. Box 438,	Haysville, KS 6	7060		
CHANNON LLOW!	SUBSCRIBED and S	H - 1	fore me this.		July  Commission Expires: _	3/10/08	
SHANNON HOWLA Notary Public - State of Ka		Notary Pub	olic				