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 - 051-20,557 0001__ (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 _____ .

4/05

Well Operator: **Bear Petroleum, Inc.** (Owner / Company Name) KCC License #: **4419** (Operator's)

Address: **P.O. Box 438** City: **Haysville**

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

Lease: **Younker** Well #: **1** Sec. **35** Twp. **14** S. R. **19** ☐ East ☑ West

_____ - **NW** - **SW** - **NE** Spot Location / QQQQ County: **Ellis**

3630 Feet (in exact footage) From ☐ North / ☑ South (from nearest outside section corner) Line of Section (Not Lease Line)

2310 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 # **E-23,540** ☐ Other: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: **8 5/8"** Set at: **1342** Cemented with: **650** Sacks

Production Casing Size: **5 1/2"** Set at: **3720** Cemented with: **135** Sacks

List (ALL) Perforations and Bridgeplug Sets: **OH 3720-25', Arbuckle, CIBP 3650', KC Perfs 3724-76',**

Cement squeezed 9-28-04, PBTD 3435' cement

Elevation: **2101** (☐ G.L. / ☑ K.B.) T.D.: **3725** PBTD: **3435** Anhydrite Depth: **1345 + 756**
(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**

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

If not explain why? _____

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**

9/05

Plugging Contractor: **Mike's Testing & Salvage** (Company Name) KCC License #: **31529** (Contractor's)

Address: **P.O. Box 467, Chase, KS 67524-0467** Phone: (**620**) **938** - **2943**

Proposed Date and Hour of Plugging (if known?): **unknown**

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

Date: **10-14-04** Authorized Operator / Agent: _____ (Signature)

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