

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 4419
 Name: Bear Petroleum, Inc.
 Address: P.O. Box 438
 City/State/Zip: Haysville, KS 67060
 Purchaser: NCRA
 Operator Contact Person: Dick Schremmer
 Phone: (316) 524-1225
 Contractor: Name: Pickrell Drilling
 License: 5123
 Wellsite Geologist: NA
 Designate Type of Completion:
 ___ New Well Re-Entry ___ Workover
 Oil ___ SWD ___ SLOW ___ Temp. Abd.
 ___ Gas ___ ENHR ___ SIGW
 ___ Dry ___ Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: Kiwanda Resources, Inc.
 Well Name: Burgardt
 Original Comp. Date: 10-16-85 Original Total Depth: 3781
 ___ Deepening ___ Re-perf. ___ Conv. to Enhr./SWD
 ___ Plug Back ___ Plug Back Total Depth
 ___ Commingled Docket No. _____
 ___ Dual Completion Docket No. _____
 ___ Other (SWD or Enhr.?) Docket No. _____

4-1-04	4-3-04	4-13-04
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 165-21317 - 00061
 County: Rush
C N/2 NE SW Sec. 28 Twp. 18 S. R. 17 East West
2310 feet from S N (circle one) Line of Section
3300 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Burgardt Well #: 1 OWWO
 Field Name: Timken
 Producing Formation: Arbuckle
 Elevation: Ground: 1984 Kelly Bushing: 1989
 Total Depth: 3781 Plug Back Total Depth: 3781
 Amount of Surface Pipe Set and Cemented at 1105 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.
ALT IWHM 10-16-06

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content 20 ppm Fluid volume 120 bbls
 Dewatering method used trucked
 Location of fluid disposal if hauled offsite:
 Operator Name: Bear Petroleum, Inc.
 Lease Name: Holopirek License No.: 4419
 Quarter NW Sec. 28 Twp. 18 S. R. 17 East West
 County: Rush Docket No.: D-25,124

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: [Signature]
 Title: President Date: 5-14-04
 Subscribed and sworn to before me this 14 day of May,
04
 Notary Public: Shannon Howland
 Date Commission Expires: 3/10/08

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

KCC Office Use ONLY

NO Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 ___ Geologist Report Received
 ___ UIC Distribution

X

ORIGINAL

Operator Name: Bear Petroleum, Inc. Lease Name: Burgardt Well #: 1 OWWO
 Sec. 28 Twp. 18 S. R. 17 East West County: Rush

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Sonic Cement Bond Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Topeka</td> <td>3070</td> <td>-1079</td> </tr> <tr> <td>Heebner</td> <td>3328</td> <td>-1337</td> </tr> <tr> <td>Lansing Kansas City</td> <td>3382</td> <td>-1391</td> </tr> <tr> <td>B/Kansas City</td> <td>3642</td> <td>-1651</td> </tr> <tr> <td>Conglomerate</td> <td>3718</td> <td>-1727</td> </tr> <tr> <td>Arbuckle</td> <td>3744</td> <td>-1753</td> </tr> <tr> <td>LTD</td> <td>3781</td> <td>-1790</td> </tr> <tr> <td>RTD</td> <td>3785</td> <td>-1794</td> </tr> </table>	Name	Top	Datum	Topeka	3070	-1079	Heebner	3328	-1337	Lansing Kansas City	3382	-1391	B/Kansas City	3642	-1651	Conglomerate	3718	-1727	Arbuckle	3744	-1753	LTD	3781	-1790	RTD	3785	-1794
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CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	24#	1102	common 60/40 poz	150 & 300	2% gell 3% cc
Production	7 7/8"	5 1/2"	15.5#	3784	common	150	8% salt

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	3751-54'	250 gal. 15% acid	3751-54

TUBING RECORD	Size 2 7/8	Set At 3754	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 4-28-04		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbbs. 13	Gas Mcf	Water Bbbs. 482	Gas-Oil Ratio Gravity

Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 3751-54'
(If vented, Submit ACO-18.) Other (Specify) _____

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

DATE 4-03 2004

IS AUTHORIZED BY: BEAR Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well _____ As Follows: Lease BRUMGARDT Well No. 1 Customer Order No. _____

Sec. Twp. Range 28-18s-17w County RUSH 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. 15165213170000

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____ Agent

Well Owner or Operator

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2101	30	MILEAGE Pump Truck	2 ⁰⁰	60 ⁰⁰
2100	1	Pump Charge		800 ⁰⁰
ELE	1	Guide Shoe		120 ⁰⁰
HOUP	1	INSERT FLOAT w/ AUTO FILLUP		125 ⁰⁰
MA	5	CENTRALIZERS	55 ⁰⁰	275 ⁰⁰
SHAR	1	5W PLUG		50 ⁰⁰
4001	150	Common	7 ⁰⁵	1057 ⁵⁰
1102	1250	SALT	.15	187 ⁵⁰
2055	7.5	CFL-1M (Fluid Loss)	50 ⁰⁰	375 ⁰⁰
1046	50	CFR-2 (Friction Reducer)	9 ⁰⁰	450 ⁰⁰
1410	2	KCL	15 ⁰⁰	30 ⁰⁰
1055	5	BACTERIACIDE	40 ⁰⁰	200 ⁰⁰
4000	150	Bulk Charge	1 ⁰⁰	150 ⁰⁰
4201		Bulk Truck Miles <u>7.5 T x 30m = 225 TM</u>	.85	181 ²⁵
		Process License Fee on _____ Gallons		
		TOTAL BILLING		

RECEIVED
KANSAS CORPORATION COMMISSION
MAY 17 2004
CONSERVATION DIVISION
WICHITA, KS

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 A. B. CURTIS
Station GB

Alan G. Curtis
Well Owner, Operator or Agent

Remarks _____

KEN'S #41801

NET 30 DAYS



TREATMENT REPORT ORIGINAL

1516521317 0001

Acid Stage No.

Date: 4-03-04 District: 6B F. O. No. 24152
 Company: Bear Petroleum
 Well Name & No.: BRUMGARDT 1
 Location: 28-18S-17W Field:
 County: RUSH State: KS
 Casing: Size: 5 1/2 Type & Wt. Set atft.
 Formation: Perf. toft.
 Formation: Perf. toft.
 Formation: Perf. toft.
 Liner: Size: Type & Wt. Top atft. Bottom atft.
 Cemented: Yes/No. Perforated fromft. toft.
 Tubing: Size & Wt. Swung atft.
 Perforated fromft. toft.
 Open Hole Size: T.D. ft. P.B. toft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 BkdownBbl./Gal.
Bbl./Gal.
Bbl./Gal.
Bbl./Gal.
 FlushBbl./Gal.
 Treated fromft. toft. No. ft.
 fromft. toft. No. ft.
 fromft. toft. No. ft.
 Actual Volume of Oil/Water to Load Hole:Bbl./Gal.
 Pump Trucks. No. Used: Std. Sp. Twin
 Auxiliary Equipment
 Packer: Set atft.
 Auxiliary Tools
 Plugging or Sealing Materials: Type Gals. lb.

Company Representative: A.G. CURTIS Treater: A.G. CURTIS

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
2:00				ON LOCATION
:				RUN 5 1/2 PIPE
:				w/ 5 CENTRALIZERS
:				ON JTS 1-3-5-7-9
:				INSERT FLOAT w/ AUTO FILLUP
:				GUIDE SHOE
:				TAG BOTTOM @ 3785'
:				PICKUP @ 1 FOOT
:				SET SLIPS
:				PUMP 20 BBL'S H2O w/ 5 gals
:				BATEALIDE (MUD FLUSH)
:				PUMP 20 BBL'S KCL WATER
:				MIX 135 SKS COMMON
:				PLUG RAT HOLE 15 SKS COMMON
:				RELEASE PLUG
:				DISPLACE CEMENT 93 BBL'S
:				LAND PLUG 1500# - OK
:				FLOAT HELD
:				JOB COMPLETE
:				THANK YOU
:				A.G. CURTIS