Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

My Appt. Expires 3110108

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. API Number: 15 - 195-21910 - 00 - 00 KCC Shubert Address: Box 438 Haysville Ks 67060 Operator License #: 4419 Phone: (316) 524- -1225 Well Number:_ Spot Location_(QQQQ):_ Type of Well: Oil (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR) North / V South Section Line The plugging proposal was approved on: 3-2-07East / West Section Line by: Herb Deines __ (KCC **District** Agent's Name) East ✓ West Trego Is ACO-1 filed? ✓ Yes No If not, is well log attached? Yes / No County: 5-17-87 Producing Formation(s): List All (If needed attach another sheet) Date Well Completed: Marmaton Depth to Top: 3900 Bottom: 3910 T.D. 4005 3-15-07 Plugging Commenced: ____ Bottom; _____ T.D. _ Depth to Top:____ 3-15-07 Plugging Completed: __ Bottom: ___ Depth to Top: ____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface Conductor & Production) Content To Size Put In **Pulled Out** Formation From Surface Surface 248 8 5/8 248 0 4002 4 1/2 4002 0 Production Surface 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. Ran in hole 1,230'ft. of 2" tubing to PBTD Pumped 85 sax cement and circulated cement to surface pulled 2" tied on to 4 1/2" pumped 15 sax at 450# SI tied on to Braden Head and pumped 10 sax at 450# all 60/40 poz 10% gell License #: 3152 ANSAS CORPORATION COMMISSION Name of Plugging Contractor: Mikes testing and salvage MAR 2 1 2007 Address: box 467 Chase Ks. 67524 Name of Party Responsible for Plugging Fees: Bear Petroleum Inc. CONSERVATION DIVISION WICHITA, KS __County. Sedgwick State of Kansas R A Schremmer (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. (Signature). (Address) P.O. Box 438, Hay Eville, KS 67060 SUBSCRIBED and SWORN TO before me this 21 __day of _ March 20 07 SHANNON HOWLAND My Commission Expires Notary Public - State of Kansas

SAX



IS AUTHORIZED BY: 1000. Detichen



FIELD

ORDER Nº C 031620

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

(NAME OF CUSTOMER)

Address	and the second s	City	у			_ State		
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Station	ટ ૧ ત્વૈ	ال ، ولد المراجعة Schiter (142) Well Owner, Operator or Agent						
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TREATMENT REPORT

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Acid Stage No.