

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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: Coffeyville Resources
Operator Contact Person: Dick Schremmer
Phone: (316) 524-1225
Contractor: Name: Plains, LLC
License: 33645
Wellsite Geologist: NA
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator: Shawver-Armour
Well Name: Huffman #1
Original Comp. Date: 4-20-56 Original Total Depth: 3380
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back 3380 Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
3-2-06 3-9-06 3-24-06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 173-00184-0001
County: Sedgwick
SE SE SW Sec. 18 Twp. 29 S. R. 1 East West
330 feet from S N (circle one) Line of Section
2970 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Huffman Well #: 1
Field Name: Brumley
Producing Formation: Mississippi & KC
Elevation: Ground: 1281 Kelly Bushing: 1287
Total Depth: 3380 Plug Back Total Depth: 3380
Amount of Surface Pipe Set and Cemented at 256 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.
ACT I WITHM 4-27-06

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 40 ppm Fluid volume 160 bbls
Dewatering method used Trucked
Location of fluid disposal if hauled offsite:
Operator Name: Bear Petroleum, Inc.
Lease Name: Callaway License No.: 4419
Quarter NE Sec. 24 Twp. 29 S. R. 1 East West
County: Sedgwick Docket No.: D-26787

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: _____
Title: President Date: 4-4-06

Subscribed and sworn to before me this 4th day of April,
20 06.

Notary Public: Shannon Howland
Date Commission Expires: 3/1/08
SHANNON HOWLAND
Notary Public - State of Kansas
My Appt. Expires 3/1/08

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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Side Two

Operator Name: Bear Petroleum, Inc. Lease Name: Huffman Well #: 1
 Sec. 18 Twp. 29 S. R. 1 East West County: Sedgwick

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: No logs run	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>KC</td> <td>2749</td> <td>-1462</td> </tr> <tr> <td>Miss Chat</td> <td>3292</td> <td>-2005</td> </tr> <tr> <td>Miss LM</td> <td>3304</td> <td>-2017</td> </tr> <tr> <td>TD</td> <td>3380</td> <td>-2093</td> </tr> </table>	Name	Top	Datum	KC	2749	-1462	Miss Chat	3292	-2005	Miss LM	3304	-2017	TD	3380	-2093
Name	Top	Datum														
KC	2749	-1462														
Miss Chat	3292	-2005														
Miss LM	3304	-2017														
TD	3380	-2093														

CASING RECORD <input type="checkbox"/> New <input 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
		8 5/8"	24	256	common	120	none
		5 1/2"	15.5	3358	common	80	none

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose: <input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
	90	common	120	none
	2194	common	80	none

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
	Miss open hole 3358-3880	500 gal 15% acid	3880
4	3347-53 Miss	500 gal 15% acid	3353
4	2861-67 KC	1000 gal 15% acid	2867

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8"	3370	NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 4-1-06			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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	0	260		40

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	2861-3380

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FIELD ORDER N° C 030700

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

DATE 3-9 2006

IS AUTHORIZED BY: Bear Petroleum Inc.
(NAME OF CUSTOMER)

Address _____ City _____ State _____

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

Sec. Twp. Range _____ County Sedgwick 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 _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
<u>4110</u>	<u>1</u>	<u>ump truck to squeeze</u>		<u>800-</u>
<u>4101</u>	<u>45</u>	<u>2 miles</u>	<u>3.00</u>	<u>135</u>
<u>4100</u>	<u>120</u>	<u>sax cement</u>	<u>8.25</u>	<u>990</u>
		<u>Fuel</u>		
		<u>Squeeze 8 1/2" =</u>		
<u>4200</u>	<u>120</u>	<u>Bulk Charge</u>	<u>1.25</u>	<u>150</u>
<u>4301</u>	<u>45</u>	<u>Bulk Truck Miles 5.04 per</u>	<u>1.10</u>	<u>249.80</u>
		<u>Process License Fee on _____ Gallons</u>		
TOTAL BILLING				

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 George

Station _____

Remarks _____

Well Owner, Operator or Agent

NET 30 DAYS

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TREATMENT REPORT

Acid Stage No.

Date 3-3-06 District ... F. O. No. ...
Company Bear ...
Well Name & No. HUFFMAN 1 ...
Location ... Field ...
County Sedgwick State KS ...
Casing: Size ... Type & Wt. ... Set at ... ft.
Formation: ... Perf. ... to ...
Liner: Size ... Type & Wt. ... Top at ... ft. Bottom at ... 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.
Flush ... Bbl. /Gal.
Treated from ... ft. to ... ft. No. ft.
Actual Volume of Oil/Water to Load Hole: ... Bbl. /Gal.
Pump Trucks. No. Used: Std. Sp. Twin.
Auxiliary Equipment
Packer: ... Set at ... ft.
Auxiliary Tools
Plugging or Sealing Materials: Type ... Gal. ... lb.

Company Representative

Treater

Joe

Table with columns: TIME a.m / p.m., PRESSURES Tubing, Casing, Total Fluid Pumped, REMARKS. Contains handwritten notes: 'more Copeland KKS Hookup to 8 5/8 got rate 1/2 Bbl/min 350# mix + pump 120 SKS cement. Displace w/ 3 BBL WATER 1 SIP 100# SHT IN. washing. Squeeze hole in 1 3/4" sand. 50 miles' and a 'RECEIVED APR 05 2006 KCC WICHITA' stamp.



FIELD ORDER N° 25335

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

DATE 7-2 thru 22 2006

IS AUTHORIZED BY: Bear Petroleum Inc
(NAME OF CUSTOMER)
Address Box 438 City Haysville State Ks 67060
To Treat Well As Follows: Lease Huffman Well No. #1 Customer Order No. _____
Sec. Twp. Range SW 18-29-1E County Sedgewick 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

By _____ Agent [Signature]
Well Owner or Operator

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
103	70	days Prep Truck to drill	65	4550
1004	1500 gal	Om Acid 15%	1.50	2295
1037	2	gal Anti sludge	22.50	45
1036	2	gal Fe bon L2	90.00	180
1045	75	gal SP-3	22.50	1687.50
1030	45	fuel miles	3.00	135.00
1001	1	Cement long string 3-9+10 - of	1,000	1,000
1001	45	Prep truck fuel	3.00	135
1001	80	sax common cement	8.50	680
1000	80	Bulk Charge	1.25	150
1001	45	Bulk Truck Miles 3.76 ton	1.10	186.12
		Process License Fee on _____ Gallons		
TOTAL BILLING				

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 Joe

Station _____

Remarks _____
KEN'S #41801

Well Owner, Operator or Agent _____

NET 30 DAYS

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TREATMENT REPORT

Acid Stage No. 2

Date: 3/18/06 District: Barton F. O. No. _____
 Company: Bee Petroleum
 Well Name & No.: Hickory #1
 Location: _____ Field: _____
 County: Salpica State: Ks

Casing: Size: 5 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. 300 Sp. _____ Twin. _____
 Auxiliary Equipment Bulk Tank 322
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type SS 2 1/2" Cement _____ Gals. _____ lb.

Company Representative _____ Treater: George Rayl

TIME a.m /p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
10:15				It is a 5 1/2 inch casing with 5000 ft. of 5000 lb. casing going down into well.
:				11:00
:				11:15
:				11:30
:				11:45
:				12:00
:				12:15
:				12:30
:				12:45
:				1:00
:				1:15
:				1:30
:				1:45
:				2:00
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:				3:45
:				4:00
:				4:15
:				4:30
:				4:45
:				5:00

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