

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
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.
Address: P.O. Box 438, Haysville, KS 67060
Phone: (316) 524-1225 Operator License #: 4419
Type of Well: Oil Docket #: _____
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)
The plugging proposal was approved on: 6-18-07 (Date)
by: Herb Heines (KCC District Agent's Name)
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)
Marmaton Depth to Top: 3884 Bottom: 3894 T.D. 3985

Depth to Top: _____ Bottom: _____ T.D. _____

Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15-195-21883-00-00
Lease Name: Shubert
Well Number: A#1
Spot Location (QQQQ): NW - SE - SE -
990 Feet from North / South Section Line
990 Feet from East / West Section Line
Sec. 22 Twp. 11 S. R. 22 East West
County: Trego
Date Well Completed: 11-30-86
Plugging Commenced: 6-26-07
Plugging Completed: 6-26-07

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
	Surface	Surface	257	8 5/8"	257	0
	Production	Surface	3984	4 1/2"	3984	0

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.

Run tubing to 2800' and pump 50 sax cement and 200 sax hulls. Pull tubing to 1800' and circulate to surface with 90 sax cement and 100 sax hulls. Pull tubing and squeeze 4 1/2 with 15 sax. Squeeze braden head with 15 sax. Job complete.

Total cement - 170 sax 60/40 poz 10% gel.

Name of Plugging Contractor: ~~Gepland Acid & Cement~~ DS+W Well Servicing Inc License #: 3004 0901 KCC PKT 7-16-07
Address: P.O. Box 438, Haysville, KS 67060 per CP213

Name of Party Responsible for Plugging Fees: Bear Petroleum, Inc.
State of Kansas County, Sedgwick, ss.
R. A. Schremmer, Bear Petroleum, Inc. (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, Haysville, KS 67060

SUBSCRIBED and SWORN TO before me this 11th day of July, 20 07

Shannon Howland My Commission Expires: 3110108 RECEIVED
Notary Public KANSAS CORPORATION COMMISSION

SHANNON HOWLAND
Notary Public - State of Kansas
My Appt. Expires 3110108 Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

JUL 12 2007

CONSERVATION DIVISION
WICHITA, KS



X

FIELD ORDER N° C 32487

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

DATE 6-26 2007

IS AUTHORIZED BY: Bear Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

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

Sec. Twp. Range _____ County Trego 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

Well Owner or Operator _____ By _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
MILEN	85	MILEAGE	1.00	85.00
MILE	85	MILEAGE	3.00	255.00
M100	1	Pump Charge		500.00
M52	300	Hulls	.35	105.00
M100	175	60/40 P02 2% Gel	8.05	1408.75
M50	12	8% Add Gel	12.50	150.00
M200	187	Bulk Charge	1.25	233.75
M201		Bulk Truck Miles 7.7T x 85M = 654.50	1.10	719.95
		Process License Fee on _____ Gallons		
TOTAL BILLING				3457.45

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.G. CURTIS

Station GB

DICK
Well Owner, Operator or Agent
RECEIVED
KANSAS CORPORATION COMMISSION

Remarks _____

NET 30 DAYS

JUL 12 2007

CONSERVATION DIVISION
WICHITA, KS



TREATMENT REPORT

Acid Stage No.

Date: 6-26-07 District: 6B F. O. No. C 32487
 Company: BEAR PETROLEUM
 Well Name & No.: SHUBERT
 Location: _____ Field: _____
 County: TREGO State: KS
 Casing: Size: 4 1/2 Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 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. 320 Sp. _____ Twin _____
 Auxiliary Equipment _____
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____

Company Representative: DICK Treater: A.G. CURTIS

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
14:00				ON LOC
				Tubing @ 2800'
				50 SKS + 200 HULLS
				PULL TO 1800'
				CIRCULATE TO SURFACE
				w/ 90 SKS + 100 HULLS
				PULL TUBING
				Squeeze 4 1/2 w/ 15 SKS
				Squeeze BRADEN HEAD
				w/ 15 SKS.
				JOB COMPLETE
				THANK YOU
				A.G. CURTIS

TOTAL
USED
175 SKS

RECEIVED
 KANSAS CORPORATION COMMISSION
 JUL 12 2007
 CONSERVATION DIVISION
 WICHITA, KS