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 Pet	roleum, Inc.		API Number: 15 - 051-24247 - 00-00				
Address: P.O. Box 438, H	aysville, KS 67060		API Number: 15 - 051-24247 - 00-00  Lease Name: 2  Well Number: 2				
Phone: (316 ) 524 - 12	225 Operato	or License #: 4		Well Number:			
Type of Well: Oil (Oil, Gas D&A, SWD, ENHR, V	Nater Supply Well, Catho	Dock dic, Other)		Spot Location (QQQQ): N/2 - SW - NE			
The plugging proposal was	approved on: 6-18-07	·	Feet from 🗹 East / 🗌 West Section Line				
<sub>by:</sub> Herb Heines		Sec. 5 Twp. 12	S. R. 20 East				
Is ACO-1 filed?   ✓ Yes	No If not, is	well log attached	County: Ellis				
	t All (If needed attach ar Depth to Top: 38 Depth to Top:	Bottom	Date Well Completed:  6-15-85  Plugging Commenced:  6-26-07  Plugging Completed:				
	Depth to Top:	Bottom	:7	T.D	Plugging Completed:		
Show depth and thickness of all water, oil and gas formations.							
Oil, Gas or Wa	ater Records		(	Casing Record (S	Surface Conductor & Produ	ction)	
Formation	Content	From	То	Size	Put In	Pulled Out	
	Surface	Surface	256	8 5/8"	256	0	
	Production	Surface	3959	4 1/2"	3959	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 1240', circulate casing full with 70 sax cement, and pull tubing. Tie onto 4 1/2 and squeeze with 15 sax cement. Braden head							
with 10 sax cement.	4						
Name of Plugging Contractor: Gepeland Acid & Cement  Address: P.O. Box 438, Haysville, KS 67060  CC PKT  THE CONTRACTOR Servicing The License #: 3004 LGO1 Der							
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)							
D.O. Pay 420, Hayraille, 140, 07000							
		(, , , , , , , , , , , , , , , , , , ,					
SHANNON HOWLAN Notary Public - State of Kansa	DSUBSCRIBED and S	SWORN TO bef	fore me this _			3110108	
pt. Expires 310108	_)	Notary Pub	lic	•		RECEIVED KANSAS CORPORATION COMMISSIO	

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

CONSERVATION DIVISION WICHITA, KS





FIELD ORDER Nº C 32486

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

		316-524-1225	5		-26	07
IS AUTHORIZED BY: _	BEAR F	PTROL (NAME OF CUSTON			ho V	20
Address					State	
To Treat Well As Follows: Lease	Schmeidier			Custom		
Sec. Twp. Range				<u> </u>		KS
implied, and no representation to be held no representation treatment is payable. There our invoicing department in a	ne consideration hereof it is agreed that Co damage that may accrue in connection wit ons have been relied on, as to what may be will be no discount allowed subsequent to accordance with latest published price sch ints himself to be duly authorized to sign the	n said service or tre e the results or effec such date. 6% intere edules.	atment. Cope It of the servic est will be cha	land Acid Service ing or treating said rged after 60 days.	has made no repri	esentation, expressed or
THIS ORDER MUST BE SIGNE BEFORE WORK IS COMMENC		or Operator		Ву	Agent	
CODE QUANTIT			. 1		UNIT	
MULEN SE		DESCRIPTION	<del>}</del>	<u> </u>	COST	AMOUNT
21111 00	MULEAGE		Icku		300	80-
Jiiii 03	MILEAGE	1	mp 1	RULL Runs	5	253 ====================================
11111	Dung of	mece		<u> </u>		500
21110	Tamp (a)	4110		, C- C3		300 =
4000 95	60/40 .Po	2- 21	E Cre	Q	805	76475
4050 7	8% Addit	70 NA C	Gei		12.50	8750
DOO 95	Bulk Charge				MIN	1000
1/10/	Bulk Truck Miles 4, 18 T	X SSM.	= 35	5.3 TM	710	39083
,	Process License Fee or		Gallo	ns	8	
				TAL BILLING		2733.08
I certify that the abo manner under the di	ve material has been accepted an rection, supervision and control of	d used; that the the owner, oper	above serv	ice was performagent, whose s	med in a good signature appe	and workmanlike ars below.
Copeland Representa		15			. •	
Station	6B			11k		
Remarks		And the second s	<del></del>	Well Owner, Oper	ator or Agent	RECEIVED
		NET 30 DAY	S		101113A3 C(	DRPORATION COMMISSION

JUL 1 2 2007



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## TREATMENT REPORT

Well Name & Location County Casing: Size Formation: Formation: Liner: Size	RODKS  41/2 Type & Wi	Field State  Perf.  Perf.  Perf.  Top at	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
	mented: Yes/No. Perforate		
	erforated from		
			Plugging or Sealing Materials: Type
Open Hole Si	ize	ft. P.B.	to ft. Gals
C	D /	0.00	m. A.C. CLOTIC
TIME	Representative /	Total Fluid	Treater /Ti(): CUEIIS
a.m /p.m.	Tubing Casing	V2	REMARKS
ů o			
•			
:	,		BUN 140, NG 40 1240
:			CIRCULATE CASINO FULL
			CIRCULATE CASINON FUIL
•			w/ 70 sks
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			SQUECZE W/ 15 sks
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			CONSERVATION DIVISION
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Acid Stage No. ....