

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: SWD Docket #: D-24928
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) *(If SWD or ENHR)*
The plugging proposal was approved on: Duane Krueger (Date)
by: 8-10-07 (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)
Stalnaker Depth to Top: 2359 Bottom: 2406 T.D. 3634

API Number: 15-191-01006-00-01
Lease Name: Swanson awwd
Well Number: #2 SWD
Spot Location (QQQQ): SW - SW - NW -
2970 Feet from North / South Section Line
4951 Feet from East / West Section Line
Sec. 28 Twp. 33 S. R. 2 East West
County: Sumner
Date Well Completed: 12-5-1985
Plugging Commenced: 8-14-07
Plugging Completed: 12-5-07

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	280	8 5/8"	280	0
	Production	Surface	2511	4 1/2"	2511	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.

Dumped sand to 2300' and dump bailed 4 sacks cement. Ran pipe to 350' and circulated 50 sacks cement to surface.

Plugging complete. Total cement - 54 sacks 60/40 poz 4%

Name of Plugging Contractor: Mike's Testing & Salvage, Inc. License #: 31529

Address: P.O. Box 467, Chase, KS 67524

RECEIVED
KANSAS CORPORATION COMMISSION

Name of Party Responsible for Plugging Fees: Bear Petroleum, Inc.

State of Kansas County, Sedgwick, ss.

DEC 21 2007

R. A. Schremmer, President

CONSERVATION DIVISION
WICHITA, KS

(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 20th day of December, 20 07

Shannon Howland
Notary Public

My Commission Expires: 3/1/08

A. SHANNON HOWLAND
Notary Public - State of Kansas
Exp. 3/1/08

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

PKT



FIELD ORDER N° C 33400

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

DATE 12 5 07 20__

IS AUTHORIZED BY: Alan Pedalunas (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Sumner 50-11 Well No. #2 Customer Order No. _____

Sec. Twp. Range _____ County Sumner 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
4101	60	Mileage Pump Truck	3.00	180.00
MILEAGE	60	Mileage Pick-Up	1.00	60.00
4100	1	Pump Charge		500.00
4100	50	60/100 gal. 2% gel	8.80	440.00
4050	2	2% additional gel	12.50	25.00
4200		Bulk Charge	Min.	150.00
4201		Bulk Truck Miles	Min.	150.00
		Process License Fee on _____ Gallons		
TOTAL BILLING				1805.00

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 Newton

Station C 15

Dick

Well Owner, Operator or Agent

Remarks _____

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NET 30 DAYS

DEC 21 2007

CONSERVATION DIVISION WICHITA, KS

