

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: Duane Krueger (Date)
 by: 9-13-07 (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)
Mississippi Depth to Top: 2926 Bottom: 29 T.D. 2985
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15-035-20424-00-00
 Lease Name: Weigle
 Well Number: #5
 Spot Location (QQQQ): NW SE - SE - SE -
495 Feet from North / South Section Line
440 Feet from East / West Section Line
 Sec. 18 Twp. 31 S. R. 6 East West
 County: Cowley
 Date Well Completed: 7-10-1972
 Plugging Commenced: 9-25-07
 Plugging Completed: 12-3-07

*KCC PKT
PLS CP213*

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	210	8 5/8"	210	0
	Production	Surface	2985	4 1/2"	2985	1056

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.

Sanded bottom to 2530' and dump bailed 4 sacks cement. Cut and pulled casing. Ran pipe to 360' and circulated 140 sacks cement to surface. Plugging complete.

Total cement - 144 sacks 60/40 poz 4%

Name of Plugging Contractor: Mike's Testing & Salvage, Inc. License #: 31529
 Address: P.O. Box 467, Chase, KS 67524

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DEC 26 2007
CONSERVATION DIVISION
WICHITA, KS**

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

(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) [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 - State of Kansas
 My Appt. Expires 3/10/08

Shannon Howland My Commission Expires: 3/10/08
 Notary Public

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

[Handwritten mark]



FIELD ORDER N° C 32273

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

DATE 12-03 2007

IS AUTHORIZED BY: BEAR PETROLEUM
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease WEIGLE Well No. 5 Customer Order No. _____

Sec. Twp. Range _____ County COWLEY 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
<u>MILE 4</u>	<u>50</u>	<u>MILEAGE Pickup</u>	<u>1.00</u>	<u>50.00</u>
<u>4/101</u>	<u>50</u>	<u>MILEAGE Pump Truck</u>	<u>3.00</u>	<u>150.00</u>
<u>4/100</u>	<u>1</u>	<u>Pump Charge</u>		<u>500.00</u>
<u>4/000</u>	<u>140</u>	<u>60/40 Poz 2% gel Allowed</u>	<u>8.80</u>	<u>1232.00</u>
<u>4/050</u>	<u>3</u>	<u>2% Additional Gel</u>	<u>12.50</u>	<u>37.50</u>
<u>4/200</u>		Bulk Charge	<u>MIN</u>	<u>150.00</u>
<u>4/101</u>		Bulk Truck Miles	<u>MIN</u>	<u>150.00</u>
		Process License Fee on _____ Gallons		
		TOTAL BILLING		

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WICHITA, KS

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 CB

Dick
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date: 12-03-07 District: 6B F. O. No. 31273
Company: BEAR Petroleum
Well Name & No: Weber 5
Location: Field
County: Cowley State: KS
Casing: Size: 8 5/8 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. 320 Sp. Twin
Auxiliary Equipment
Packer: Set at ft.
Auxiliary Tools
Plugging or Sealing Materials: Type Gal. lb.

Company Representative

Dick

Treater

A.G. CURTIS

TIME a.m /p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:				
:				
:				<i>Polyl Pipe @ 360'</i>
:				<i>CIRCULATE w/ 140 60/40 P02</i>
:				<i>4% gel</i>
:				
:				<i>STAYED FULL</i>
:				
:				
:				<i>JOB Complete</i>
:				
:				<i>Thank You</i>
:				
:				<i>A.G. CURTIS</i>
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