

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: 9-21-07 (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)
Bartlesville Depth to Top: 2859 Bottom: 2889 T.D. 2974

API Number: 15-035-23338-00-00
Lease Name: Weigle
Well Number: #11
Spot Location (QQQQ) NE - NW - SE - KCC PKT
1980 Feet from North / South Section Line Per
1980 Feet from East / West Section Line OP 2/3
Sec. 18 Twp. 31 S. R. 6 East West
County: Cowley
Date Well Completed: 1-19-1993
Plugging Commenced: 9-27-07
Plugging Completed: 11-28-07

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	320	8 5/8"	320	0
	Production	Surface	2974	4 1/2"	2974	997

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 2640' and dump bailed 4 sacks cement. Cut and pulled casing. Ran pipe to 350' and circulated 110 sacks cement to surface. Plugging complete.
Total cement - 114 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) _____
(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
Notary Public My Commission Expires: 3/10/08

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

Handwritten initials/signature



FIELD ORDER N° C 32265

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

DATE 11-28-07 20

IS AUTHORIZED BY: Boss Peterson (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Leagle Well No. #11 Customer Order No. _____

Sec. Twp. Range SE 18-31-66 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 _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
<u>2/101</u>	<u>50</u>	<u>Mileage Pump Truck</u>	<u>3.00</u>	<u>150.00</u>
<u>MILEAGE</u>	<u>50</u>	<u>Mileage Pick-Up</u>	<u>1.00</u>	<u>50.00</u>
<u>2/100</u>	<u>1</u>	<u>Pump Charge</u>		<u>800.00</u>
<u>4/000</u>	<u>110</u>	<u>60/100 gal. 2% gel</u>	<u>8.50</u>	<u>965.00</u>
<u>4/050</u>	<u>2</u>	<u>2% additional gel</u>	<u>12.50</u>	<u>25.00</u>
<u>2/200</u>		<u>Bulk Charge</u>	<u>Min.</u>	<u>150.00</u>
<u>2/301</u>		<u>Bulk Truck Miles</u>	<u>Min.</u>	<u>150.00</u>
		<u>Process License Fee on _____ Gallons</u>		
		TOTAL BILLING		<u>1993.00</u>

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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 Debra G.

Station G-12

Dick
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

