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

Form CP-4 December 2003 Type or Print on this Form Form must be Signed All blanks must be Filled

K.A.R. 82-3-117

				/ ′	1 14d111bC1	; - 095-22110		
Lease Operator: Bear Petroleum, Inc. Address: P.O. Box 438, Haysville, KS 67060					Lease Name:			
Phone: (316) 524 -1225 Operator License #: 4419					Well Number:			
						OQQ): SE - NW - SE -		
Type of Well: Oil (Oil, Gas D&A, SWD, EN	IHR, Water Supply Well, Cath	Dock	et #: (If SWD		1650 Feet from North / South Section Lin			
The plugging proposal	was approved on: 1-18	(Date)	1650 Feet from Feat / West Section Line					
_{by:} Steve VanGi			(KCC District A	gent's Name)	Sec. $\frac{18}{\text{Sec.}}$ Twp. $\frac{28}{\text{Sec.}}$ S. R. $\frac{5}{\text{Constant}}$ East $\boxed{\checkmark}$ V			
Is ACO-1 filed?	res No If not, is				Kingman			
	: List All (If needed attach a		l		Ounty.	8-29-07		
Mississippi	Depth to Top: 2	8818 Bottom	n: T.C	3410	Plugging Commen	8-29-07 ed: 1-22-08		
	Depth to Top:	Bottom	n: T.C	. 1 '	lagging Comment	···		
(<u> </u>	Depth to Top: _	Bottom	n: T.C) P	Plugging Complete	ed:		
Show depth and thickn	ess of all water, oil and g	as formations.	<u> </u>					
Oil, Gas	or Water Records		Ca	sing Record (Surfa	ace Conductor & Pro	oduction)		
Formation	Content	From	То	Size	Put In	Pulled Out		
	Surface	Surface	318'	8 5/8"	318'	0		
	Production	Surface	3932'	4 1/2"	3932'	72145		
		* **	()	10 14 to 10 10 10 10 10 10 10 10 10 10 10 10 10				
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	manner in which the well is		ling where the n			*		
Plugged off bottom	er plugs were used, state with sand to 3220' and	plugged, indicate the character of a sax cement.	ing where the n same depth pla Set bridge plu	ced from (bottom) g @ 3210' and d	to (top) for each	plug set. ment on top. Shot pipe @ 2800' a		
Plugged off bottom 2745'. Pulled up	er plugs were used, state with sand to 3220' and 4 to 877'. Pumped 35	s plugged, indicate the character of 4 sax cement.	ing where the n same depth pla Set bridge plu @ 877'. Pul	ced from (bottom) g @ 3210' and d led up to 450'	to (top) for each tumped 4 sax ce	plug set. ment on top. Shot pipe @ 2800' a 150 sax cement. Waited to se		
Plugged off bottom 2745'. Pulled up up. Cement @ 340'.	er plugs were used, state with sand to 3220' and 4 to 877'. Pumped 35	s plugged, indicate the character of 4 sax cement.	ing where the n same depth pla Set bridge plu @ 877'. Pul	ced from (bottom) g @ 3210' and d led up to 450'	to (top) for each tumped 4 sax ce	plug set. ment on top. Shot pipe @ 2800' a 150 sax cement. Waited to se		
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FIELD ORDER Nº C 32679

BOX 438 • HAYSVILLE, KANSAS 67060

			310-324-1223	DATE JON 1	67	20 02
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SAUTHOR	ZED BY:	DEAK LEA	(NAME OF CUSTOMER)			
Address			City		State	
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ot to be held ! nplied, and no eatment is pay ur invoicing de	iable for any dar representations vable. There will partment in acc	mage that may accrue in connect have been relied on, as to what be no discount allowed subseque ordance with latest published pri	that Copeland Acid Service is to s ion with said service or treatmen may be the results or effect of the tent to such date. 6% interest will	ervice or treat at owners risk t. Copeland Acid Service had a servicing or treating said we be charged after 60 days. To	, the hereinbefo s made no repre ell. The conside otal charges are	esentation, expressed
	JST BE SIGNED IS COMMENCED			Ву	· · · · · · · · · · · · · · · · · · ·	
		Well	Owner or Operator		Agent	
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Copeland	Representativ	e May God				`
Station	Bur	2722				RECEIVED
				Well Owner, Operat	or or AgentanSAS	CORPORATION COMMI
Remarks_			NET 30 DAYS			FFB 2 8 2008



TREATMENT REPORT

Acid Stage No. 13

Date V25/03 District Bar STONE F. O. No.				Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
Date		Olatrict. L. S. S. S.		
Well Name & No. VINC.				
		1		
County	, ,		State Y	Bbl./Gal.
County	3	,	state1	Flush Bbl./Gal.
Casing: Size	~ ~	Tune 6 38/4		Treated from ft. to ft. No. ft. Set at ft. from ft. to ft. No. ft.
_				110. 110.
		_		to from ft. to ft. No. ft.
				Actual Volume of Oil/Water to Lond Hole:
				t. Bottom at ft. Pump Trucks. No. Used Std. Sp. Twin
				ft. to ft. Auxiliary Equipment SAIR SAA
				ft. Packer: Set at ft.
Perf	orated from		ft. to	tt. Auxiliary Tools
Annua Mala Sino		***	4	Plugging or Sealing Materials: Type. 185 Shiles (60-40-453
Open Hole Size		Т. D		B. to
Company R		esures		Treater Jary For
TIME a.m /p.m.	Tubing	Casing	Total Fluid Pumped	REMARKS
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<u> </u>			3800 C	35 sides about Stan Will is
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:				KANSAS CORPORATION COMMISSION
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				CONSERVATION DIVISION
				VAICHITA, KS
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FIELD ORDER Nº C 33436

BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225 DATE 1-28 2008

IS AUTHOR	ZED BY:	BEAR Pe	TRO LE I	um		20 <u>.⊘∆</u>
Address				OMER)	State	
To Treat Weil As Follows:	l Lease	1/'		Custome		
Sec. Twp. Range			County	KINGMAN	State	ks
implied, and no treatment is pay our invoicing die	lable for any da representations yable. There wi epartment in acc	consideration hereof it is agreed that Co mage that may accrue in connection wit is have been relied on, as to what may be il be no discount allowed subsequent to cordance with latest published price sch is himself to be duly authorized to sign the	th said service or e the results or ef such date. 6% integrals edules.	treatment. Copeland Acid Service has fect of the servicing or treating said values. The service of the service	as made no repres	sentation, expressed or
THIS ORDER MIL BEFORE WORK)		By		
<u></u>		Well Owner	or Operator		Agent	
CODE	QUANTITY		DESCRIPTI	ON	COST	AMOUNT
MILEG	50	MILEAGE			1 00	20 00
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000	2	290 Addino	VAL Ge		1250	25 00
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4)110	102	Bulk Charge			MIN	150.00
7301		Bulk Truck Miles			MIN	15000
		Process License Fee o	n	Gallons	1,,,,,,	700-
				TOTAL BILLING		
I certify th	at the above	material has been accepted ar	nd used; that ti	he above service was perform	ned in a good a	and workmanlike
manner u	nder the dire	ction, supervision and control o	f the owner, o	perator or his agent, whose si	gnature appea	irs below.
Copeland I	Representativ	BAIL CURT	1)			N. C.
Station		<u> </u>	·	Hill	Land Account (ANS	RECEIVED SAS CORPORATION COMMISS
Remarks_				Well Owner, Opera	tor or Agent	EED 2 8 2008
			NET 30 D	AYS		TED 4 0 4900



TREATMENT REPORT

1	.28-08	6	B	No	Type Treatment:				Pounds of Sand
Date!	ROAD	istrict	F.O.	No	Bkdown				
Company	DEAR	1/4.01	L UCEUM						
				ς	771b	Bbl./Gal			
County					Flush Treated from				
Casing: Size.	8 5/8	Type & Wt		. Set atft.	from		i. to		
		13pe & W	Parf	to	from		. to		
				to	1				t
				to	Actual Volume of				
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				. toft.	Auxiliary Equipme	ent			
				ft.	Packer:	, , , , , , , , , , , , , , , , , , , ,		Set at	e
	_				Auxiliary Tools				
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Open Hole Si	ze	. τ.ρ	ft. P.B.	toft.	1				
	<u> </u>	Λ	c 11			1 / /	7		
Company	Representativ	<u>e</u> <u>υ</u> ι	CK		Treater	4.6.C	URTIS		
TIME		SURES	Total Fluid			REMARI			
a.m /p.m.	Tubing	Casing	Pumped			REMARE			
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