

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: 1-18-08 (Date)
by: Steve VanGieson (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: 3818 Bottom: _____ T.D. 3410
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15-095-22110 -00-00
Lease Name: Viney A
Well Number: #5
Spot Location (QQQQ): SE - NW - SE -
1650 Feet from North / South Section Line
1650 Feet from East / West Section Line
Sec. 18 Twp. 28 S. R. 5 East West
County: Kingman
Date Well Completed: 8-29-07
Plugging Commenced: 1-22-08
Plugging Completed: 1-28-08

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	318'	8 5/8"	318'	0
	Production	Surface	3932'	4 1/2"	3932'	2745'

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.

Plugged off bottom with sand to 3220' and 4 sax cement. Set bridge plug @ 3210' and dumped 4 sax cement on top. Shot pipe @ 2800' and 2745'. Pulled up to 877'. Pumped 35 sax cement @ 877'. Pulled up to 450' and pumped 150 sax cement. Waited to set up. Cement @ 340'. Ran pipe to 270' and circulated 100 sax cement to surface. Stayed full. Job complete.

Total Cement - 293 sax 60/40 poz 4% gel

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

RECEIVED
KANSAS CORPORATION COMMISSION

FEB 28 2008

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

CONSERVATION DIVISION
WICHITA, KS

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 26th day of February, 20 08

Shannon Howland
Notary Public

My Commission Expires: 3/10/08

SHANNON HOWLAND
Notary Public - State of Kansas
My Appt. Expires 3/10/08

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

[Handwritten signature]



FIELD ORDER N° C 32679

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

DATE Jan 25 2008

IS AUTHORIZED BY: Beverly Patton
(NAME OF CUSTOMER)
Address _____ City _____ State _____
To Treat Well As Follows: Lease Vining Well No. A#5 Customer Order No. _____
Sec. Twp. Range _____ County Kingman State Kc

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 _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
4100	1	Pump change for plugging well		500 ⁰⁰
4104	185 sacks	60-70-4 1/2 cement @ 8 ⁰⁰ / sack		1688 ⁰⁰
4101	47 miles	1 way pump truck @ 3 ⁰⁰ / mile		141 ⁰⁰
4200	185 sacks	Bulk Charge @ 1.25 / sack		231 ²⁵
4201	380 miles	Bulk Truck Miles		420 ²⁴
		Process License Fee on _____ Gallons		
		TOTAL BILLING		

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 [Signature]
Station Bullerton

RECEIVED
Well Owner, Operator or Agent _____ KANSAS CORPORATION COMMISSION

Remarks _____ NET 30 DAYS FEB 28 2008



TREATMENT REPORT

Acid Stage No. 15

Date 1/25/08 District BURBTON F. O. No. _____
 Company Beck
 Well Name & No. Viny A#5
 Location _____ Field _____
 County Linn State Ks
 Casing: Size 4 1/2 Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 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. I. _____ 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. 313 Sp. _____ Twin _____
 Auxiliary Equipment Bulk 322
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type 135 sack 60-40-45 Gals. _____ lb.

Company Representative _____ Treater Greg Reyl

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
8:45				On location Rig up
9:00				Fix on 4 1/2 @ 9500 start to load hole
9:20			1500	Hole loaded start mix in going down hole.
9:25			50 Bbl	35 sacks away stop mix in
			15 Bbl	Wash up going down hole w/ 17 Bbl's Flush shut down
				Knock off to pull 4 1/2 to 450'
9:45				Fix on 4 1/2 start at work
			20 Bbl's	Hole loaded start mix in going down hole
	350		50 Bbl's	2 BPM late stop to change 4 1/2 down pressure 800
	600		10 Bbl's	Pressure jump back line of wedge shut down
	350			Rehook and start pumping 1/2 BPM 350
	350		15 Bbl's	3/4 BPM start back circulation pressure down
	200		16 Bbl's	2 1/2 BPM good circulation
	300		34 Bbl's	1 BPM - stopped - circulation - - -
10:35	450		27	1 BPM no circulation shut down.
	300			151P 300
10:50	500			15 min 500 Pull part of 4 1/2 Wash up
				Track + 4 1/2 Rack up 1st location

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FEB 28 2008

CONSERVATION DIVISION
WICHITA, KS



FIELD ORDER N° C 33436

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

DATE 1-28 2008

IS AUTHORIZED BY: BEAR Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

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

Sec. Twp. Range _____ County KINGMAN 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>MILEAGE</u>	<u>50</u>	<u>MILEAGE</u>	<u>1⁰⁰</u>	<u>50⁰⁰</u>
<u>MILEAGE</u>	<u>50</u>	<u>MILEAGE</u>	<u>3⁰⁰</u>	<u>150⁰⁰</u>
<u>PUMP</u>	<u>1</u>	<u>PUMP CHARGE</u>		<u>500⁰⁰</u>
<u>4000</u>	<u>100</u>	<u>60/40 P02 2% Gel Allowed</u>	<u>8⁸⁰</u>	<u>880⁰⁰</u>
<u>4050</u>	<u>2</u>	<u>2% ADDITIONAL Gel</u>	<u>12⁵⁰</u>	<u>25⁰⁰</u>
<u>4200</u>	<u>102</u>	<u>Bulk Charge</u>	<u>MIN</u>	<u>150⁰⁰</u>
<u>4501</u>		<u>Bulk Truck Miles</u>	<u>MIN</u>	<u>150⁰⁰</u>
		Process License Fee on _____ Gallons		
TOTAL BILLING				

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 GB

Dick
Well Owner, Operator or Agent

RECEIVED
KANSAS CORPORATION COMMISSION

Remarks _____

NET 30 DAYS

FEB 28 2008

CONSERVATION DIVISION
WICHITA, KS

