

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 4419
Name: Bear Petroleum, Inc.
Address: P.O. Box 438
City/State/Zip: Haysville, KS 67060
Purchaser: Coffeyville Resources
Operator Contact Person: Dick Schremmer
Phone: (316) 524-1225
Contractor: Name: Forrest Energy, LLC
License: 33436
Wellsite Geologist: Jim Phillips
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____
9-19-04 10-6-04 11-8-04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 191-22433-00-00
County: Sumner
C S/2 SE SW Sec. 7 Twp. 33 S. R. 1st East West
330 feet from S N (circle one) Line of Section
3300 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: McCartney Well #: 1-7
Field Name: Rome
Producing Formation: Simpson
Elevation: Ground: 1218 Kelly Bushing: 1229
Total Depth: 4259 Plug Back Total Depth: 4230
Amount of Surface Pipe Set and Cemented at 225 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan ALT I WKA
(Data must be collected from the Reserve Pit) 7-17-07
Chloride content 40 ppm Fluid volume 240 bbls
Dewatering method used Trucked
Location of fluid disposal if hauled offsite: _____
Operator Name: Bear Petroleum, Inc.
Lease Name: Rusk License No.: 4419
Quarter NW Sec. 18 Twp. 33 S. R. 1 East West
County: Sumner Docket No.: E-18663

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 11 2005
CONSERVATION DIVISION
WICHITA, KS

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: _____
Title: President Date: 1-10-05
Subscribed and sworn to before me this 10th day of January
20 05
Notary Public: Shannon Howland
Date Commission Expires: 3/10/08

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

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Bear Petroleum, Inc. Lease Name: McCartney Well #: 1-7
 Sec. 7 Twp. 33 S. R. 1st East West County: Sumner

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Compensated Porosity Log, Dual Induction Log, Sonic Cement Bond Log, Gamma Ray Neutron CCL - Sonic Bod	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Cherokee</td> <td>3598</td> <td>-2369</td> </tr> <tr> <td>Mississippi</td> <td>3790</td> <td>-2561</td> </tr> <tr> <td>Simpson Sand</td> <td>4188</td> <td>-2959</td> </tr> </table>	Name	Top	Datum	Cherokee	3598	-2369	Mississippi	3790	-2561	Simpson Sand	4188	-2959
Name	Top	Datum											
Cherokee	3598	-2369											
Mississippi	3790	-2561											
Simpson Sand	4188	-2959											

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JAN 11 2005
 CONSERVATION DIVISION
 WICHITA, KS

CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
	12 1/4	8 5/8"	24	266	common	225	3% cc
	7 7/8"	5 1/2"	15.5	4251	common	200	18% salt, 5% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	4190-96	common	25	1% FL squeezed Simpson
	4190-95	common	25	1% FL squeezed Simpson second time

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	4190-96 6' squeezed	Natural - all water	4190-96
4	4190-95 5' squeezed	250 gal DM Acid	4190-95
4	4190-4200 10'	250 gal DM Acid	4190-4200

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 7/8"	4200			
Date of First, Resumerd Production, SWD or Enhr. 1-1-05			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	
	2	0	200		40	

Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
(If vented, Submit ACO-18.) Other (Specify) _____



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

DATE 11-02 20 04

IS AUTHORIZED BY: BEAR Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Mc CARTNEY Well No. 1-7 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
1030	80	MILEAGE Pump Truck	2 ⁵⁰	200 ⁰⁰
1031	1	Pump Charge		800 ⁰⁰
1032	2	CFLIIT L (FLUID LOSS)	80 ⁰⁰	160 ⁰⁰
1004 NE	100	15 NE/ACID	1 ⁴⁰	140 ⁰⁰
1001	25	Common	7 ²⁵	181 ²⁵
1200	25	Bulk Charge	MIN	150 ⁰⁰
1201		Bulk Truck Miles	MIN	150 ⁰⁰
		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 CB

Well Owner, Operator or Agent _____ RECEIVED
KANSAS CORPORATION COMMISSION

Remarks _____
KENS #41801

NET 30 DAYS

JUL 16 2007

CONSERVATION DIVISION
WICHITA, KS



Space 20 Job 11-2-04

TREATMENT REPORT

Acid Stage No.

Date: 11-02-04 District: 66 F. O. No.
 Company: BEAR PETROLEUM
 Well Name & No.: MC CARTNEY 1-7
 Location: Field:
 County: SUMNER State: KS
 Casing: Size: 5 1/2 Type & Wt.: Set at: ft.
 Formation: SIMPSON Perf.: 4190 to 94
 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.: 2 7/8 6.5 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 Lead Hole: Bbl./Gal.
 Pump Trucks: No. Used: Std. Sp. Twin.
 Auxiliary Equipment
 Packer: Model R Set at: 4140 ft.
 Auxiliary Tools
 Plugging or Sealing Materials: Type:

Company Representative: Treater: A. G. CURTIS

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
11:00				ON LOCATION RINSE OUT PUMP & LINES TO REMOVE SAND RESIDUE LOAD ANNULUS 500# OK PUMP 100 GALS ACID ACID ON BOTTOM 1/4 BPM @ 2000# RELEASE PRESSURE UNSEAT PACKER MIX 25 SKS COMMON W/ FLUID LOSS PUMP TO WITHIN 4 BBLs OF BOTTOM RESEAT PACKER @ 4140' DISPLACE CEMENT CEMENT ON BOTTOM WELL PRESSURE CLIMBING 5 SKS IN FORMATION PRESSURE UP TO 2000# STAGE CEMENT WELL SQUEEZED W/ 10 SKS IN FORM. RELEASE PRESSURE SQUEEZE HOLDING REVERSE OUT TUBING & TOOL PULL 10 JTS LEAVE 500# ON WELL OVERNIGHT,
15:30				

JOB Complete
 THANK YOU
 A. G. CURTIS

RECEIVED
 KANSAS CORPORATION COMMISSION
 JUL 16 2007
 CONSERVATION DIVISION
 WICHITA, KS

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

DATE 10-26 2004

IS AUTHORIZED BY: BEAR Petroleum
(NAME OF CUSTOMER)

Address _____ City 1-87 State _____

To Treat Well _____
As Follows: Lease Summer McCartney Well No. 1-87 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
<u>4100</u>	<u>50</u>	<u>MILEAGE PUMP TRUCK</u>	<u>2.50</u>	<u>125.00</u>
<u>4101</u>	<u>1</u>	<u>Pump Charge 10-26</u>		<u>800.00</u>
<u>4102</u>	<u>1</u>	<u>Pump Charge 10-27</u>		<u>800.00</u>
<u>5002</u>	<u>1</u>	<u>5 1/2 PACKER RENTAL</u>		<u>500.00</u>
<u>5004</u>	<u>1</u>	<u>STRIPPER HEAD</u>		<u>140.00</u>
<u>4101</u>	<u>60</u>	<u>Common</u>	<u>7.25</u>	<u>435.00</u>
<u>4105</u>	<u>2</u>	<u>CFL117L Fluid Loss</u>	<u>80.00</u>	<u>160.00</u>
<u>4100</u>	<u>60</u>	<u>Bulk Charge MIN</u>	<u>1.00</u>	<u>150.00</u>
<u>4101</u>		<u>Bulk Truck Miles 2.02 TX 50 = 141. TM</u>	<u>.85</u>	<u>119.85</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

Well Owner, Operator or Agent RECEIVED
KANSAS CORPORATION COMMISSION

Remarks _____
KEN'S #41801

NET 30 DAYS

JUL 16 2007

CONSERVATION DIVISION
WICHITA, KS



TREATMENT REPORT

Acid Stage No.

Date 10-26-04 District 6B F. O. No. 25121
 Company BERA Petroleum
 Well Name & No. MCCARTNEY 1-17
 Location Summer Field KS
 County Summer State KS
 Casing: Size 5 1/2 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. 2 7/8 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 Sp. Twin
 Auxiliary Equipment
 Packer: HO Set at 4140 ft.
 Auxiliary Tools
 Plugging or Sealing Materials: Type Gals. lb.

Company Representative

Treater A. G. CURTIS

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
09:00				ON LOCATION 10-26-04 GET CAT TO GET INTO LOCATION LOAD ANNULUS - LEAKED 2 BPM @ 300# PULL TUBING & PACKER OUT OF HOLE FOUND SPLIT IN TUBING ON 68th Jt. RIG UP STANDING VALVE START PACK IN HOLE TESTING 25 JTS AT A TIME TO 2000#
17:00				RUN IN 50 JTS GOOD SHUT DOWN FOR EVENING
09:00				10-27-04 ON LOCATION GET CATTED IN RUN TUBING TESTING FOUND ANOTHER BAD JT 2 BPM @ 400# 97th JT SET PACKER @ 4140 PRES 4190-96 LOAD ANNULUS 500# OK TAKE INJECTION RATE BROKE @ 1800# 2 BPM @ 1400# after breakdown MIX 25SKS Common w/ 1% FLUID LOSS MIX 35SKS Common NEAT WELL SQUEEZED @ 2000# WITH 35SKS IN FORMATION REVERSE OUT TUBING & TOOL PULL 10 JTS - PRESSURE UP & SHUT IN JOB COMPLETE THANK YOU A.G. CURTIS

RECEIVED
 KANSAS CORPORATION COMMISSION
 JUL 16 2007
 CONSERVATION DIVISION
 WICHITA, KS

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

DATE 10-6 20 04

IS AUTHORIZED BY: Bear Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Mac Artug Well No. H7 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
<u>4101</u>	<u>95</u>	<u>mileage</u>	<u>2.50</u>	<u>237.50</u>
<u>4100</u>	<u>1</u>	<u>pump charge</u>		<u>800</u>
<u>H007</u>	<u>1</u>	<u>5/8 IN cement fill up valve</u>		<u>95.00</u>
<u>MAW</u>	<u>6</u>	<u>5/8 centralizer</u>	<u>55.00</u>	<u>330.00</u>
<u>4001</u>	<u>100 SK</u>	<u>Common Cement</u>	<u>2.00</u>	
<u>4001</u>	<u>100 SK</u>	<u>Common Cement 180 set / 570 mile life</u>		
<u>4100</u>	<u>100</u>	<u>Bulk Charge</u>	<u>1.00</u>	<u>100</u>
<u>4101</u>	<u>60</u>	<u>Bulk Truck Miles 4.85 ton</u>	<u>.85</u>	<u>242.35</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 Jae

Station _____

RECEIVED
KANSAS CORPORATION COMMISSION
Jae
Well Owner, Operator or Agent

Remarks _____

JUL 16 2007



TREATMENT REPORT

Acid Stage No.

Date 10-6-04 District F. O. No.
 Company Beaumont Petroleum
 Well Name & No. McCartney 1-17
 Location Field
 County Sumner State KS

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. Sp. Twin
 Auxiliary Equipment
 Packer: Set at ft.
 Auxiliary Tools
 Plugging or Sealing Materials: Type
 Gals. lb.

Casing: Size 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.

Company Representative Treater

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
4:45				On Location Tally Pipe 5 1/2 Put in Incident float valve top of shoe joint 16.0 FT Centralizer on 1-23. ID 12 1/4 Run pipe to bottom tagged w/ 30.35 ft joint 13ft above Kelly Bushing pull back out Run 11 ft landing joint 42.51 ft
			42 BBL	Pump 18001 KCL water mix 59 gal CA 117 L.V. 25/10 CFR-2 mix Cement 1005K COMMON 1005K 1870 salt 590 Silinite
			0	Wash pump line Release plug Start disp
	450		71	Plug landed/Release Released
	1000		101	Wash up Job complete Thank you for
	0			1st cement 19ft. @ 42.51 #4205 4/125 4 to 5 joints (4) 10 joints (5) 12 joints (6) 14 joints

RECEIVED
 KANSAS CORPORATION COMMISSION
 JUL 16 2007
 CONSERVATION DIVISION
 WICHITA, KS

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

DATE 9-19 20 04

IS AUTHORIZED BY: BEAR Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease McCARTNEY Well No. 1-7 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 _____ By _____ Agent

Well Owner or Operator

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
<u>1030</u>	<u>76</u>	<u>MILEAGE</u>	<u>250</u>	<u>190.00</u>
<u>1031</u>	<u>1</u>	<u>PUMP CHARGE</u>		<u>500.00</u>
<u>1034</u>	<u>1</u>	<u>WOODEN PLUG</u>		<u>75.00</u>
<u>1001</u>	<u>225</u>	<u>Common</u>	<u>7.15</u>	<u>1608.75</u>
<u>1051</u>	<u>8</u>	<u>Calcium Chloride 39% CC</u>	<u>25.00</u>	<u>200.00</u>
<u>1000</u>	<u>225</u>	<u>Bulk Charge</u>	<u>1.00</u>	<u>225.00</u>
<u>1011</u>		<u>Bulk Truck Miles 10.5T x 76m = 803.7 TM</u>	<u>.85</u>	<u>683.14</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

Well Owner, Operator or Agent _____

Remarks _____

KEN'S #41801

NET 30 DAYS

RECEIVED
KANSAS CORPORATION COMMISSION

JUL 16 2007

CONSERVATION DIVISION
WICHITA, KS

TREATMENT REPORT

Acid Stage No.

Date: **8-19-04** District: **6B** F. O. No. **24685**
 Company: **BEAR Petroleum**
 Well Name & No.: **MCCARTNEY 1-7**
 Location: _____ Field: _____
 County: **SUMNER** State: **KS**

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 _____ / Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks, No. used: Std. _____ Sp. _____ Twin _____
 Auxiliary Equipment: _____
 Packer: _____ Set at _____ ft.
 Auxiliary Tools: _____
 Plugging or Sealing Materials: Type _____ Gals. lb.

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.

Company Representative _____ Treater: **A.G. CURTIS**

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
15:00				ON LOCATION
				BREAK CIRCULATION w/ PumpTRK.
				Mix 225 Common 390 CC
				Displace Cement
				Plug down @ 18:30
				Cement did circulate to SURFACE.

**JOB Complete
 Thank You
 A.G. CURTIS**

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 KANSAS CORPORATION COMMISSION
JUL 16 2007
 CONSERVATION DIVISION
 LEEVILLE, KS