

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: SWD DH KCC PRT per oper Docket #: D-15082
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)
The plugging proposal was approved on: 1-24-08 (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)
Heebner Depth to Top: 2746 Bottom: 2770 T.D. 4247
Depth to Top: _____ Bottom: _____ T.D. _____
Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15-095-20161-00-02
Lease Name: King
Well Number: #3 SWD PRT per RBDM's
Spot Location (QQQQ): C - SE - SW -
660 Feet from North / South Section Line
3300 Feet from East / West Section Line
Sec. 4 Twp. 27 S. R. 6 East West
County: Kingman
Date Well Completed: 7-29-69
Plugging Commenced: 1-25-08
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	266'	10 3/4"	266'	0
	Production	Surface	4247'	7"	4247'	0

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.

Ran tubing to 2780' and pumped 50 sax cement and 150# hulls. Pulled tubing to 950' and pumped 50 sax cement. Tagged plug and perforated at 390'. Circulated 250 sax cement to surface. Squeezed casing to 200 psi.

Cement fell 125' down 7" and 26' down 10 3/4". Filled up both sides with 36 sax cement.

Total Cement - 386 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

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 26th day of February, 20 08

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

Shannon Howland
Notary Public

My Commission Expires: 3/10/08

RECEIVED
KANSAS CORPORATION COMMISSION

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

FEB 28 2008

CONSERVATION DIVISION
WICHITA, KS



FIELD ORDER N° C 33437

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

DATE 1-28 20 08

IS AUTHORIZED BY: BEAR PETROLEUM
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease KING Well No. SWD 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>MILEN</u>	<u>50</u>	<u>MILEAGE</u>	<u>1.00</u>	<u>50.00</u>
<u>M101</u>	<u>50</u>	<u>MILEAGE</u>	<u>3.00</u>	<u>150.00</u>
<u>M100</u>	<u>1</u>	<u>Pump Charge</u>		<u>500.00</u>
<u>M150</u>	<u>150</u>	<u>HULLS</u>	<u>.35</u>	<u>52.50</u>
<u>M100</u>	<u>350</u>	<u>60/40 P02 2% Gel Allowed</u>	<u>8.80</u>	<u>3080.00</u>
<u>M150</u>	<u>6</u>	<u>2% Additional Gel</u>		<u>75.00</u>
<u>M151</u>	<u>4</u>	<u>Calcium Chloride</u>	<u>30.00</u>	<u>120.00</u>
<u>M100</u>	<u>356</u>	<u>Bulk Charge</u>	<u>1.25</u>	<u>445.00</u>
<u>M101</u>		<u>Bulk Truck Miles 15.6T x 50m = 783.20TM</u>	<u>1.10</u>	<u>861.52</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

Deck
Well Owner, Operator or Agent

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Remarks _____

NET 30 DAYS

FEB 28 2008

CONSERVATION DIVISION
WICHITA, KS



TREATMENT REPORT

Acid Stage No.

Date: 1-28-08 District: 6B F. O. No. C-33437
 Company: BEAR PETROLEUM
 Well Name & No.: KING SWD
 Location: Field State: KINGMAN KS
 Casing Size: 7" 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 3/8 4.7 S hung at 2780' 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
 Auxillary Equipment
 Packer: Set at ft.
 Auxillary Tools
 Plugging or Sealing Materials: Type Gals. lb.

Company Representative: Dick Treater A.G. CURTIS

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
7:30				2 3/8 Tubing @ 2780'
				50 sks 60/40 4% gel + 150# Hucks
11:00				Tubing @ 950'
				50 sks 60/40 P02 4% gel
11:30				PULL TUBING OUT OF HOLE TAB600 Plug @ PERFORATE @ 390' RAI WHT 400 # HUCKS MIX 250 SKS TIE ONTO CASING BREAK CIRCULATION MIX 250 SKS CIRCULATE OUT BRADEN HEAD SHUT IN SQUEEZE CASING to 200 PSI SHUT IN
				<i>TOTAL</i> 350 sks
				JOB Complete Thank You A.G. CURTIS

RECEIVED
 KANSAS CORPORATION COMMISSION
 FEB 28 2008
 CONSERVATION DIVISION
 WICHITA, KS

Copeland Acid & Cement



FIELD ORDER № C 32691

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

DATE Feb 20 2008

IS AUTHORIZED BY: Bess Pet (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease King Well No. 3 Customer Order No. _____

Sec. Twp. Range _____ County Kingman State K

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
2/100	1	Pump charge to plug surface		500 ⁰⁰
2/100	36 sacks	Class A Cem. 115/ sack		997 ⁰⁰
2/101	40 miles	1 way pump truck mileage @ 3 ⁰⁰ /mile		120 ⁰⁰
				RECEIVED KANSAS CORPORATION COMMISSION FEB 28 2008 CONSERVATION DIVISION WICHITA, KS
2/100	36 sacks	Bulk Charge <u>min charge</u>		150 ⁰⁰
2/101	69 ²	Bulk Truck Miles <u>min charge</u>		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 [Signature]

Station BURTON

Well Owner, Operator or Agent

Remarks cut off surface + casing 125' down 7" 26' down 10 3/4" Deep hose down 7"
Fill up both sides **NET 30 DAYS**

[Handwritten signature]