

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 15-173-20910-0000

County Sedgwick

C W/2 - W/2 SW Sec. 8 Twp. 26 Rge. 2 X E W

1320 Feet from S (circle one) Line of Section

4950 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Tjaden Well # A-1

Field Name Fairview

Production Formation Hunton

Elevation: Ground 1422 KB 1433

Total Depth 3434 PBTD 3434

Amount of Surface Pipe Set and Cemented at 227 Feet

Multiple Stage Cementing Collar Used? X 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 A.H. 1, 5-4-'00 U.C.
(Data must be collected from the Reserve Pit)

Chloride content 1400 ppm Fluid volume 180 bbls

Dewatering method used pumped thru waterline

Location of fluid disposal if hauled offsite:

Operator Name BEAR PETROLEUM INC.

Lease Name Tjaden License No. 4419

SW Quarter Sec. 8 Twp. 26 S Rng. 2 E W

County Sedgwick Docket No. E-24,832

Operator: License # 4419

Name: BEAR PETROLEUM INC.

Address P.O. Box 438

City/State/Zip Haysville, KS 67060

Purchaser: Cooperative Refining LLC

Operator Contact Person: Dick Schremmer

Phone (316) 524-1225

Contractor: Name: Summit Drilling Co. Inc.

License: 30141

Wellsite Geologist: William H. Shepherd

Designate Type of Completion
X New Well Re-Entry Workover

X Oil SWD SLOW Temp. Abd.

 Gas ENHR SIGW

 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator:

Well Name:

Comp. Date Old Total Depth

 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD

 Commingled Docket No.

 Dual Completion Docket No.

 Other (SWD or Inj?) Docket No.

2-14-00 2-22-00 3-30-00
Spud Date Date Reached TD Completion Date

RECEIVED
STATE CORPORATION COMMISSION
APR 18 2000
4-18-00

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 on 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 [Signature]

Title President Date 4-17-00

Subscribed and sworn to before me this 17th day of April, 2000.

Notary Public Shannon Howland

Date Commission Expires 3-10-2004

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

SHANNON HOWLAND
Notary Public - State of Kansas
My Appt. Expires 3-10-04

SIDE TWO

Operator Name BEAR PETROLEUM INC.

Lease Name TJADEN

Well # A-1

Sec. 8 Twp. 26 Rge. 2
 East
 West

County Sedgwick

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
(Attach Additional Sheets.)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No
(Submit Copy.)
List All E.Logs Run:
Gamma - Neutron

Name	Formation (Top), Depth and Datums	<input checked="" type="checkbox"/> Sample	
		Top	Datum
Mississippi Limestone	2969	-	1537
Mississippi Chert	2974	-	1542
Kinderhook Shale	3246	-	1814
Hunton	3306	-	1874
Viola	3331	-	1899
Simpson Sand	3346	-	1914
Lower Simpson Sand	3400	-	1968
RTD	3434	-	2002

CASING RECORD <input type="checkbox"/> New <input 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
Surface	12-1/4"	8-5/8"	20	227	60/40	200	3% CC
Production	7-7/8"	5-1/2"	15	3399	60/40	150	1300# salt

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 checked="" type="checkbox"/> Plug Off Zone	2399-3434	common	50	2% CC

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	
	2	CIBP at 3326'		natural

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-1/2"	3316'	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SMD or Inj.	Producing Method
4-10-00	<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
	12	N/A	250	40	

Disposition of Gas: Vented Sold Used on Lease
(If vented, submit ACO-18.)
METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled
Other (Specify) _____
Production Interval: 3313'-16'



ORIGINAL

FIELD ORDER No 20301

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

DATE 2-14 2000

IS AUTHORIZED BY: BEAR Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____
 To Treat Well As Follows: Lease TJAPEN B Well No. _____ Customer Order No. _____
 Sec. Twp. Range _____ County SEDGWICK 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. 8% 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
4101	35	Mileage Pump Truck	1.50	52.50
4100	1	Pump Charge		400.00
4000	200	60/40 Permox 2% Gel	4.85	970.00
4091	7	Calcium Chloride 3%	25.00	175.00
4103	207	LOADING CHARGE	.85	175.95
4102		DRAYAGE 1M 9.18TX35 321.30	1.00	321.30
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		
		TOTAL BILLING		2094.75

RECEIVED
 STATE CORPORATION COMMISSION
 APR 18 2000
 CONSERVATION DIVISION
 Wichita, Kansas

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 Art G. Curtis
 Station GREAT BENO, KS

Well Owner, Operator or Agent _____

Remarks _____

KEN'S 11990

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date: 2-14-00 District: Great Bend O. No. 20301
 Company: BEAR PETROLEUM
 Well Name & No.: T. A. Oen B
 Location: 8-265-2E Field:
 County: SEABOARD 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.

Casing: Size 8 5/8 Type & Wt. 20# Set at 242 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. Spung at ft.
 Perforated from ft. to ft.

Actual Volume of Oil/Water to Load Hole: Bbl./Gal.
 Pump Trucks, No. Used: Std. Sp. T. in.
 Auxiliary Equipment
 Packer: Set at ft.
 Auxiliary Tools
 Plugging or Sealing Materials: Type
 (in) (lb)

Chain Hole Size T. D. ft. P. L. to ft.
 Company Representative: Ed Gressel Treater: A.G. Curtis

Time a.m. / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
18:00				ON LOCATION
				BREAK CIRCULATION w/ Pump Test
19:10			0	START MIXING
19:22			46.2	FINISH MIXING
19:25			0	START DISPLACEMENT
19:35			19.3	PLUG DOWN
				TOTAL PIPE = 242'
				LANDING IT = 15'
				8 5/8
				227'
				JOB COMPLETE
				THANK YOU
				A.G. CURTIS



FIELD ORDER ORIGINAL

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

DATE 2-22 # 00

IS AUTHORIZED BY: Bear Pet (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease T JADEN Well No. A#1 Customer Order No. _____

Sec. Twp. _____ Range _____ County Sedgewick State KANSAS

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 Cement 5 1/2" at 3399' By _____ Agent _____
Well Owner or Operator

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
4100	1	Cement Pump chg		550.00
4101	3.5	ONE way mileage	1.50	52.50
4000	150	Sx 60/40 Pos.	4.45	667.50
	100*	25x CFR-2 no charge		
	1300*	SALT	.50	650.00
4050	250*	Gel 50lb per sack 50x	1.70	42.50
4103	150 Sx	hooking chg	.85	127.50
4102		DRAYAGE 35 miles	1.00	150.00
		Bulk Charge		
		Bulk Truck Miles		
		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 Bureau Well Owner, Operator or Agent _____

Remarks _____

NET 30 DAYS