

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 4419
Name: Bear Petroleum, Inc.
Address: P.O. Box 438
Haysville, KS 67060
City/State/Zip:
Purchaser: Plains Marketing
Operator Contact Person: Dick Schremmer
Phone: (316) 524-1225
Contractor: Name: Warren Drilling
License: 33724
Wellsite Geologist: William Shepherd

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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. _____

11-13-06 12-1-06 12-26-06
Spud Date or Date Reached TD Completion Date or
Recompletion Date

API No. 15 - 191-20610-00-01 159-22512-00-00
County: Rice
_____ C _____ NW Sec. 6 Twp. 20 S. R. 10 East West
1320 feet from S N (circle one) Line of Section
1320 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Isern Well #: 1-6
Field Name: Chase-Silica

Producing Formation: Arbuckle
Elevation: Ground: 1771 Kelly Bushing: 1775
Total Depth: 3360 Plug Back Total Depth: 3358
Amount of Surface Pipe Set and Cemented at 316 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 AHINH 6-18-08
(Data must be collected from the Reserve Pit)
Chloride content 20,000 ppm Fluid volume 160 bbls
Dewatering method used Hauled to SWD
Location of fluid disposal if hauled offsite: _____
Operator Name: Gressel Oil Field Service, Inc.
Lease Name: Isern License No.: 3009
Quarter NW Sec. 6 Twp. 20 S. R. 10 East West
County: Rice Docket No.: D-24255

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: 1-8-07
Subscribed and sworn to before me this 8th day of January,
2006
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
N Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
JAN 09 2007
CONSERVATION DIVISION
WICHITA, KS

Operator Name: Bear Petroleum, Inc. Lease Name: Isern Well #: 1-6
 Sec. 6 Twp. 20 S. R. 10 East West County: Rice

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 checked="" type="checkbox"/> Yes <input 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: Microresistivity, Dual Compensated Porosity, Dual Induction, Borehole Compensated Sonic, & Geologist Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Howard</td> <td>2500</td> <td>-725</td> </tr> <tr> <td>Topeka</td> <td>2588</td> <td>-813</td> </tr> <tr> <td>Heebner</td> <td>2857</td> <td>-1082</td> </tr> <tr> <td>Brown Lime</td> <td>2977</td> <td>-1202</td> </tr> <tr> <td>Lansing-Kansas City</td> <td>2994</td> <td>-1219</td> </tr> <tr> <td>Arbuckle</td> <td>3269</td> <td>-1494</td> </tr> <tr> <td>RTD</td> <td>3360</td> <td></td> </tr> <tr> <td>LTD</td> <td>3363</td> <td>-1588</td> </tr> </table>	Name	Top	Datum	Howard	2500	-725	Topeka	2588	-813	Heebner	2857	-1082	Brown Lime	2977	-1202	Lansing-Kansas City	2994	-1219	Arbuckle	3269	-1494	RTD	3360		LTD	3363	-1588
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CASING RECORD <input checked="" 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
Surface	14 7/8	10 3/4	32.75	316	60/40 poz 2% gel	320	400 lb. cc
Production	9 1/4	7	24.0	3358	60/40 poz	225	10 lb CFL-2
							50 lb CRF-2

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	3215-3356	60/40 poz	200	2% gel

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
	Open hole outside of pipe from 3276-3283	Natural	

TUBING RECORD	Size 2 7/8"	Set At 3214	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 1-6-07		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. 18	Gas Mcf	Water Bbls. 1000	Gas-Oil Ratio 40

Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	Production Interval
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3276-83 **RECEIVED**
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JAN 09 2007
 CONSERVATION DIVISION
 WICHITA, KS



X

FIELD ORDER N° C 031181

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

DATE 11-14 2006

IS AUTHORIZED BY: BEAR PETROLEUM
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease ISERN Well No. 1-6 Customer Order No. _____

Sec. Twp. Range _____ County RICE 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
	15	MILEAGE Pickup	1.00	15.00
	15	MILEAGE Pump Truck	3.00	45.00
	1	Pump Charge		9.00
	320	60/40 POZ 290 Gel	7.70	2464
	4	C.I.C.	30.00	120
	320	Bulk Charge	1.25	400.00
		Bulk Truck Miles $14.08 \text{ TX } 15 \text{ M} = 211.2 \text{ TM}$	1.10	232.32
		Process License Fee on Gallons		
		TOTAL BILLING		4176.32

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

Remarks _____

Alan A. Curtis
Well Owner, Operator or Agent

KANSAS CORPORATION COMMISSION

NET 30 DAYS

JAN 09 2007

CONSERVATION DIVISION
WICHITA, KS



TREATMENT REPORT

Acid Stage No.

Date 11-14-06 District GB F. O. No. C031181
 Company BEAR PETROLEUM
 Well Name & No. ISERN 1-6
 Location _____ Field _____
 County RICE State KS
 Casing: Size 10 3/4 Type & Wt. 38.75 Set at 316 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 14 7/8 T.D. 322 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 _____
 Auxiliary Equipment _____
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____
 _____ Gal. _____ lb.

Company Representative ALAN CURTIS Treater A.G. CURTIS

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:				10 3/4 SURFACE
:				322' 14 7/8 hole
:				316' 10 3/4 PIPE
:				BREAK CIRCULATION
:				MIX CEMENT
:				320 60/40 P02 39.00
:				Displace CEMENT to 295'
:				Plug down @ 545 PM
:				CEMENT did CIRCULATE to
:				SURFACE by 35 SKS.
:				JOB Complete
:				Thank You
:				A.G. CURTIS

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 WICHITA, KS
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X

FIELD ORDER N° C 031475

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

DATE 12-01 20 06

IS AUTHORIZED BY: BEAR PETROLEUM
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease ISERN Well No. 1-6 Customer Order No. _____

Sec. Twp. Range _____ County RICE 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
	15	MILEAGE Pickup	1 ⁰⁰	15 ⁰⁰
	15	MILEAGE Pump Truck	3 ⁰⁰	45 ⁰⁰
	1	Pump Charge		1200 ⁰⁰
	5	CENTRALIZER 9 7/8 x 7	65 ⁰⁰	325 ⁰⁰
	1	FLOAT Shoe w/ Autofillup 5 tip on		285 ⁰⁰
	10	CFL-117 L	115 ⁰⁰	1115 ⁰⁰
	50	CFR-2	9 ⁰⁰	450 ⁰⁰
	225	60/40 P02	7 ⁷⁰	1732 ⁵⁰
	1	7" Wiper Plug		75 ⁰⁰
	225	Bulk Charge	1 ²⁵	281 ²⁵
		Bulk Truck Miles 9.9 TX 15 m = 148.5 TM	1 ¹⁰	163 ³⁵
		Process License Fee on _____ Gallons		
		TOTAL BILLING		3692¹⁰

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 ALAN

Station GB

Dick
Well Owner, Operator or Agent

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Remarks _____

NET 30 DAYS

IAN 09 2007

CONSERVATION DIVISION
WICHITA, KS



FIELD ORDER N° C 031303

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

DATE 12 8 20 06

IS AUTHORIZED BY: [Signature] (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease 1 SERO Well No. B-1 Customer Order No. _____

Sec. Twp. Range _____ County Rice 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

Table with 5 columns: CODE, QUANTITY, DESCRIPTION, UNIT COST, AMOUNT. Handwritten entries include '1 Pump charge to squeeze well' and '190 sacks 60-40 Az @ 770/sack'.

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

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Well Owner, Operator or Agent JAN 09 2007

Remarks _____

NET 30 DAYS

CONSERVATION DIVISION WICHITA, KS



TREATMENT REPORT

Acid Stage No.

Date 12/9/06 District BURTON F. O. No.
 Company Bear Pet
 Well Name & No. ISERN B.1
 Location _____ Field _____
 County Now Rice State 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 7/8 Swung at 3100' 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. 323 Sp. _____ Twin _____
 Auxiliary Equipment Bulk truck 325
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type 800 sacks 60-40 doz Gal. _____ lb. _____

Company Representative _____

Treater Bryce Ruff

TIME a.m. (p.m.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:				Packer ran in to 3233' would not set Full 1 joint
:				Packer hung up at 3215' work then set @ 3200'
12:15		500#	1 BBL	Tr on annulus side pressure up hold, reverse packer
:		500#	1.4 BBL	pull 3 joints set packer 3102'
:			3 BBL	Pressure up annulus sharp in 500#
:	400#		3 BBL	Tr on tubing local & esp rate
1:00			0	2 1/2 BPM @ 400#
:	100	400	20 BBL	Start mixing gary down hole 2 1/2 BPM rate
:	Vac	850	30 BBL	Pressure down increase rate to 3 1/2 BPM
:	Vac	950	44 BBL	200 sacks cement away tubing on vac shut in wash up
:	0	250#	4 BBL	Start displacement
:	250	950	6 BBL	Caught fluid 2 BPM rate
:	500	100	10 BBL	2 BPM rate pressure starting to increase
1:30	950	80	15 BBL	back off rate 1 1/2 BPM
1:38	1200#	80	21 BBL	1 1/2 BPM rate back off to 1 BPM
2:05	1100	80	21 1/2	Tubing & packer clear by 2 1/2 BBL start stringing
2:15	1100#	1100#	21 1/2	Set pressure 950# pump 1/4 BBL stop @ 1100#
:				Pressures equal both sides release tubing to tank
:				Flow back 3 BBL tubing clear
:				Reverse annulus side flow back 5 to 8 BBL clear
:				Reverse packer start out with tubing
:				Flowed over top tubing first 4 joints pulled through
4:00			0	Lay tubing down packer released with no problem.
:				Break off casing head install annulus
:			10 BBL	Casing localized pressure up 300# Shut in
4:30				Rack up left location

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