

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 4419  
Name: Bear Petroleum Inc.  
Address: Box 438  
City/State/Zip: Haysville, KS 67060  
Purchaser: NCRA  
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. Abdn.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:  
Operator: Harvey Gough Oil Co.

Well Name: McCartney #1  
Original Comp. Date: 10-12-2001 Original Total Depth: 4178  
 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. \_\_\_\_\_

<u>10-24-04</u>	<u>10-26-04</u>	<u>12-18-04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 191-22367-00-01  
County: Sumner  
N/2 N/2 NW Sec. 18 Twp. 33 S. R. 1  East  West  
400 feet from N (circle one) Line of Section  
3960 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SW  
Lease Name: McCartney Well #: 1  
Field Name: Rome

Producing Formation: Simpson  
Elevation: Ground: 1220 Kelly Bushing: 1231  
Total Depth: 4223 Plug Back Total Depth: 4183  
Amount of Surface Pipe Set and Cemented at 318 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**  
(Data must be collected from the Reserve Pit) Alt I RGR 2/20/08  
Chloride content 20 ppm Fluid volume 400 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

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WICHITA, KS  
JAN 11 2005

**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: 1-5-05  
Subscribed and sworn to before me this 5<sup>th</sup> day of January,  
19 2005.  
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 Attached  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

Operator Name: Bear Petroleum Inc. Lease Name: McCartney Well #: 1  
 Sec. 18 Twp. 33 S. R. 1  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:  Gamma Ray/Neutron  Sonic Cement Bond Log	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="checkbox"/> Log</td> <td style="width:60%;">Formation (Top), Depth and Datum</td> <td style="width:25%;"><input checked="" type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>KC</td> <td>3141</td> <td>-1921</td> </tr> <tr> <td>MARM</td> <td>3447</td> <td>-2227</td> </tr> <tr> <td>CHSH</td> <td>3599</td> <td>-2379</td> </tr> <tr> <td>MISS</td> <td>3783</td> <td>-2563</td> </tr> <tr> <td>KIND</td> <td>4099</td> <td>-2879</td> </tr> <tr> <td>SpSd</td> <td>4175</td> <td>-2955</td> </tr> <tr> <td>RTD</td> <td>4231</td> <td>-3000</td> </tr> </table>	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample	Name	Top	Datum	KC	3141	-1921	MARM	3447	-2227	CHSH	3599	-2379	MISS	3783	-2563	KIND	4099	-2879	SpSd	4175	-2955	RTD	4231	-3000
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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	# Sacjs Used	Type and Percent Additives
		8 5/8	24	318	common	200	2% salt
	7 7/8	5 1/2	15.5	4215	common	200	18% 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	4189-99	common	25	none

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	4189-99 squeezed	natural all water	4189-99
2	4190-94 Simpson	natural all water	4190-94
	Set CI BP 3900'		
2	3811-20 3825-38	500 gl DSFE	3811-20 3825-38
	retreat	1,500 gl NEFE 35 balls	same

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

Date of First, Resumerd Production, SWD or Enhr. N/A		Producing Method				
		<input type="checkbox"/> Flowing	<input type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input checked="" type="checkbox"/> Other (Explain)	TA
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	
	0	0	0			

Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled  
*(If vented, Sumit ACO-18.)*  Other (Specify) \_\_\_\_\_



FIELD ORDER № 24283

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

DATE 11-12 2004

IS AUTHORIZED BY: Bear Petroleum Inc  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease McCartney Well No. 04440\*1 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County \_\_\_\_\_ State KJ

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>J/11/04</u>	<u>1</u>	<u>Pump truck services</u>	<u>800</u>	<u>800</u>
<u>J/11/04</u>	<u>60</u>	<u>oil</u>	<u>2.50</u>	<u>150</u>
<u>J/11/04</u>	<u>60</u>	<u>S&amp;A cement cement</u>	<u>7.00</u>	<u>420</u>
<u>J/11/04</u>	<u>1</u>	<u>Bulk Charge</u>		<u>150</u>
<u>J/11/04</u>	<u>1</u>	<u>Bulk Truck Miles</u>		<u>150</u>
		Process License Fee on _____ Gallons		
		<b>TOTAL BILLING</b>		

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JAN 11 2005  
CONSERVATION DIVISION  
WICHITA, KS

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 George

Station \_\_\_\_\_ Well Owner, Operator or Agent \_\_\_\_\_

Remarks \_\_\_\_\_

## TREATMENT REPORT

Squeeze  
Hold Stage No. 1

Date 11/19/04 District Burr F. O. No. \_\_\_\_\_  
 Company Bear Pt  
 Well Name & No. McCormick 10000  
 Location \_\_\_\_\_ Field Rome  
 County Sumner State Ks  
 Casing: Size 5 1/2 Type & Wt. \_\_\_\_\_ Set at 4230 ft.  
 Formation: Simpson Perf. 4188 to 4198  
 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 4158 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: 4 Bbl./Gal. 3 1/2 sack slurry  
4 Bbl./Gal. 4 sack slurry  
5 Bbl./Gal. 5 sack slurry  
 Flush \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 Treated from 4188 ft. to 4198 ft. No. ft. 10  
 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 302 bulk truck  
 Packer: 5 1/2 x 2 inch R Set at 4158 ft.  
 Auxiliary Tools Squeeze head rubber & manifold  
 Plugging or Sealing Materials: Type 60 sack Class A cement

Company Representative \_\_\_\_\_

Treater Greg Ray

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
11:00		1000	15 BBL	Tie into casing local hole pressure up 1000" shut in
11:05	1500	1000	34 BBL	Tie onto tubing local pressure up 1500" Frack 1/2 ppm
11:10	2000	1000	4 BBL	1/2 BBL pressure 3000" shut down 2000" gauge
11:15			13 BBL	1/2" packer down 13 BBL slurry + pump away
11:20			20 BBL	Set packer shut tubing in back up truck Hook back to tubing
11:25	3000	500	20 BBL	Reverse packer gauge pump 1/2 BBL catch fluid pump 7 BBL set packer
11:30	1500	400	20.5 BBL	pressure up casing 2000" 1/2" down tubing 4 BBL
11:35	1500	400	22.5 BBL	well trying to feed truck at 1/2 4 BBL Shoring down 1300"
11:40	950	400	23.4 BBL	let pressure well up 1200" well starts feeding
11:45	950	400	25 BBL	Pressure falling off 1/2 BBL out
11:50	1000	400	27 BBL	Cement @ 1500" @ 1/2 ppm down truck @ 1/2
11:55	1700		29.5 BBL	Pressure increase + fall off to 700" this building back to 1000"
12:00	1600		30 BBL	Pressure up to 1500" fall back to 800"
12:05	1850	250	32.4 BBL	Pressure back up 1600" 4 BBL truck at 1/2
12:10	1750		0	Pressure up to 1800" kick out pump pressure holding 1800"
12:15	1750		35 BBL	2 1/2 BBL slurry pumped out packer shut down 15 min
12:20	1350			15 min shut in Release pressure NO fluid returns
12:25	1350			Release packer + Reverse tubing out pump 35 BBL 3 BBL out
12:30	500			Reverse packer pressure up on reverse + hold 10 min
12:35	500			Pressure holding release packer pull 10 min
12:40	500			Reverse packer pressure up 500" shut in back up truck
12:45				Left location

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 CONSERVATION DIVISION  
 WICHITA, KS



FIELD ORDER N<sup>o</sup> 25122

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

DATE 10-26 2004

IS AUTHORIZED BY: BEAR Petroleum  
(NAME OF CUSTOMER)  
Address \_\_\_\_\_ City Quind State \_\_\_\_\_  
To Treat Well As Follows: Lease Mc CARTNEY Well No. 1217 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 \_\_\_\_\_  
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	50	MILEAGE	2.50	<del>125.00</del>
	1	Pump Charge		800.00
	2	KCL	20.00	40.00
	1	Guide Shoe		110.00
	1	LATCH DOWN PLUG + BAFFLE		150.00
	5	CENTRALIZERS	55.00	275.00
	200	Common	7.25	1550.00
	1000	SALT	.20	200.00
	10	CFL1174 Fluid Loss	80.00	800.00
	50	CFR-2	9.00	450.00
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JAN 11 2005				
	200	Bulk Charge	1.00	200.00
		Bulk Truck Miles <u>9.47 x 50m = 470 TM</u>	.85	399.50
		Process License Fee on _____ Gallons		
TOTAL BILLING				5099.50

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

NET 30 DAYS

