

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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: Plains Marketing
Operator Contact Person: Dick Schremmer
Phone: (316) 524-1225
Contractor: Name: Warren Drilling LLC
License: 33724
Wellsite Geologist: James Musgrove

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. _____

<u>12-5-07</u>	<u>1-23-08</u>	<u>12-9-07</u>	<u>1-30-08</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date	

API No. 15 - 159-22557-0000
County: Rice
 - - S/2 - NW Sec. 6 Twp. 20 S. R. 10 East West
3300 feet from (S) / N (circle one) Line of Section
3960 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 #: 2-6
Field Name: Chase-Silica

Producing Formation: Arbuckle
Elevation: Ground: 1771 Kelly Bushing: 1779
Total Depth: 3356 Plug Back Total Depth: 3318
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 _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 200 ppm Fluid volume 180 bbls
Dewatering method used trucked

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

Alt I - Dlg - 6/10/08

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: 3/21/08
Subscribed and sworn to before me this 21st day of March
20 08
Notary Public: Shannon Howland
Date Commission Expires: 3/10/2012

SHANNON HOWLAND
Notary Public - State of Kansas
My Appt. Expires 3/10/2012

KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
MAR 24 2008
CONSERVATION DIVISION
WICHITA, KS

Operator Name: Bear Petroleum, Inc. Lease Name: Isern Well #: 2-6
 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	2858	-1080
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Toronto	2879	-1101
List All E. Logs Run:		Douglas	2889	-1111
		Brown Lime	2976	-1198
		Lansing	2995	-1217
		Base Kansas City	3245	-1467
		Arbuckle	3269	-1491
		RTD, LTD	3356	-1578

Sonic Cement Bond, Dual Induction,
Dual Compensated Porosity, Micro-resistivity

CASING RECORD <input checked="" 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	14 3/4"	10 3/4"	48	318'	common	275	2% cc
Production	9 1/4"	7"	20	3350'	common	150	5 gal C-37LFR

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	3306	common	50	5% fluid loss additive

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
3302-06	4 SPF Arbuckle	cement squeezed 50 sax	3302-06
3302-04	4 SPF Arbuckle	100 gal 15% acid	3302-04
3274-79	4 SPF Arbuckle	Natural	3274-79
3182-88	2 SPF J Zone	500 gal 15% acid	3182-88
3074-78	2 SPF F Zone	500 gal 15% acid	3074-78

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8"	3214'	NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 2-26-08			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
	13	0	1000		

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: _____

3074-3304' RECEIVED
KANSAS CORPORATION COMMISSION

MAR 24 2008



Cement Squeeze 3302'06'
 wash out report
 3302-04

FIELD ORDER N° C 33564

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

DATE 2-11 20 08

IS AUTHORIZED BY: BEAR Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Isern Well No. 2-6 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
	32	MILEAGE TOOLS R.T.	1 ⁰⁰	32 ⁰⁰
	1	7" HD. PACKER		800 ⁰⁰
	1	OPERATORS CHARGE 2-09-08		250 ⁰⁰
	16	MILEAGE PUMP TRUCK	3 ⁰⁰	48 ⁰⁰
	1	SQUEEZE PUMP CHARGE		900 ⁰⁰
	3	FLUID LOSS	25 ⁰⁰	75 ⁰⁰
	1	OPERATORS CHARGE 2-11-08		250 ⁰⁰
	50	COMMON	10 ⁶⁵	532 ⁵⁰
	16	MILEAGE PUMP TRUCK 2-11-08	3 ⁰⁰	48 ⁰⁰
	1	DEL CHARGE		150 ⁰⁰
	100	15% FE/NE ACID	1 ⁹⁸	198 ⁰⁰
	1	INHIBITOR	30 ⁰⁰	30 ⁰⁰
	32	MILEAGE TOOLS 2-12-08	1 ⁰⁰	32 ⁰⁰
	1	HD RBP		800 ⁰⁰
		Bulk Charge	MIN	150 ⁰⁰
		Bulk Truck Miles	MIN	150 ⁰⁰
	1	OPERATORS CHARGE Gallons 2-12-08		250 ⁰⁰
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 ALB. CURTIS
 Station GB

Dick
 Well Owner, Operator or Agent

RECEIVED
 KANSAS CORPORATION COMMISSION

MAR 24 2008

Remarks _____

NET 30 DAYS

CONSERVATION DIVISION
 WICHITA, KS

TREATMENT REPORT

2

Acid Stage No.

Date 2-09-08 District GB F. O. No. C 33564
 Company Bear Petroleum INC.
 Well Name & No. ISEEN 2-6
 Location Rice Field ks
 County Rice State ks

Casing: Size 7 Type & Wt. 23 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 6.5 Swung at ft.
 Perforated from ft. to ft.
 Open Hole Size T.D. ft. P.D. 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

Gain lb.

Company Representative Dick Treater A.G. CURTIS

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
				MIX CEMENT 50 SKS COMMON TOTAL
				25 SKS W/ FLUID LOSS
				25 SKS NEAT
				SQUEEZED TO 2000 #
				HPOX 30 SKS IN FORMATION
				RELEASED HELL
				REVERSE OUT TUBING & TOOL
				PREPARE TO WASH THROUGH SQUEEZE
				PULL TUBING TO 3000'
				RESET PACKER
				RETEST SQUEEZE 750# - OK
				RELEASE PACKER PTOH
				SHUT DOWN FOR WEEKEND.
				2-11-08
				LOG TEST PERFORM 3302-04 ARBUCKLE
				TRIP IN W/ 7" HD ON 2 7/8 TUBING
				SET PACKER @ 3290'
				SWAB TEST 2 1/2" PULL @ 10:00 AM
				3 PULLS OFF OF SEATING NIPPLE
				NO FLUID INPUT
				WAIT 30 MINS CHECK FILLUP - 1035-1105
				210' FILLUP VERY SLIGHT SHOW OF OIL
				2ND 30 MINS 210' VSSO
				TANK GAUGE 1 1/2" 1.78 BBLs.
				TEAR DOWN SWAB
				RELEASE PACKER
				DROP IN 14' SUBS
				LOAD HOLE - SPOT ACID TO BOTTOM 100 GALS
				SHUT IN ANNULUS
				PULL PACKER TO 3257' & RESET FILL HOLE
				WAIT ON ACID TO GO TAG FLUID 30 MINS
				SWAB TEST
				FLUID DOWN 600' ACID WENT
				SWAB TEST

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 KANSAS CORPORATION COMMISSION
 MAR 24 2008
 CONSERVATION DIVISION
 WICHITA, KS



Surface Pipe

FIELD ORDER N° C 33561

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

DATE 1-24 2008

IS AUTHORIZED BY: Bear Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Isern Well No. 2 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 _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
MILE	18	MILEAGE PICKUP	1 ⁰⁰	18 ⁰⁰
MILE	18	MILEAGE PUMP TRUCK	3 ⁰⁰	54 ⁰⁰
MILE	1	PUMP CHARGE		600 ⁰⁰
MILE	275	Common Cement	10⁶⁵	2928⁷⁵
MILE	60	Calcium Chloride	8⁰⁰	480⁰⁰
MILE	275	Bulk Charge	1²⁵	343⁷⁵
MILE		Bulk Truck Miles $12.92T \times 18M = 232.56TM$	1¹⁰	255⁸²
		Process License Fee on _____ Gallons		
		TOTAL BILLING		4680.31

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

KANSAS CORPORATION COMMISSION

Station 6B

Dick MAR 24 2008
Well Owner, Operator or Agent

Remarks _____

CONSERVATION DIVISION
WICHITA, KS

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date: 1-24-08 District: 6B F. O. No. C 33561
 Company: BEAR Petroleum
 Well Name & No.: ISCN 2
 Location: _____ Field: _____
 County: Rice State: KS

Casing: Size 10³/₄ 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.

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 Bulk Tank 327
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____

Company Representative Dick Treater A.G. Curtis

TIME a.m /p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:				<u>10³/₄ SURFACE PIPE</u>
:				<u>ON LOCATION</u>
<u>16:00</u>				<u>RIG DRILLING 50' LEFT TO CUT</u>
:				<u>RIG RUNNING 10³/₄</u>
:				<u>SET 10³/₄ @ 318'</u>
:				<u>BREAK CIRCULATION w/ Pump Truck</u>
:				<u>MIX ²⁷⁵ 270 SALS Common Cmt</u>
:				<u>w/ 3% CC</u>
:				<u>GOOD RETURNS</u>
:				<u>CIRCULATED 50 SKS TO PIT</u>
:				<u>SHUT IN</u>
<u>23:05</u>				<u>Plug down</u>

RECEIVED
KANSAS CORPORATION COMMISSION

MAR 24 2008

CONSERVATION DIVISION
WICHITA, KS

JOB Complete
THANK YOU
A.G. Curtis



Long String

FIELD ORDER N° C 33438

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

DATE 1-30 2008

IS AUTHORIZED BY: BEAR Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease ISEAN Well No. 2 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
	16	MILEAGE Pickup	1.00	16.00
	16	MILEAGE PUMP TRUCK	3.00	48.00
	1	PUMP CHARGE		1200.00
	5	CENTRALIZERS	90.00	450.00
	1	INSERT FLOAT VALVE		110.00
	1	AUTO FILLUP		65.00
	1	7" GUIDE SHOE		185.00
	5	C-37L FRICTION REDUCER	25.00	125.00
	10	MUD PUSHER	22.50	225.00
	1	7" WIPER PLUG		95.00
	150	COMMON	10.65	1597.50
	150	Bulk Charge	1.25	187.50
		Bulk Truck Miles $7.05T \times 16m = 112.8TM$	MIN	150.00
		Process License Fee on _____ Gallons		4454.00
		TOTAL BILLING		187.50

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 6B

RECEIVED
KANSAS CORPORATION COMMISSION
DICK
Well Owner, Operator or Agent

Remarks _____

MAR 24 2008

NET 30 DAYS

CONSERVATION DIVISION
WICHITA, KS



TREATMENT REPORT

Acid Stage No.

Date 1-30-08 District 6B F. O. No. C 33438
 Company SCAR Petroleum
 Well Name & No. ISERN 2
 Location Field _____
 County Rice State KS
 Casing: Size 7 Type & Wt. 23 Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: $\frac{7}{8}$ / No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated lbm _____ 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 _____
 Auxiliary Equipment _____
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____

Company Representative DICK Treater A.G. CURTIS

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
				7" Used Pipe
RTD	3350			88 JTS TALLIED 3421.09
				2 OUT 32.50 + 38.35 = 70.85
LTD	3356			3350.24
				= 22.16
				3328.08
				CENTRALIZERS 1-3-5-7-9
				FIRST 35 JTS SHORT THREAD 8 RD
				REST CASING 7" LTC 8 RD
				RUN 15 BBLs MUD FLUSH
				RUN 150 common 18% SALT
				3/4 90 CFR-2
17:00				ON LOCATION
19:30				RIG LAYING DOWN DRILL PIPE
06:00				START RUNNING PIPE
				PIPE ON BOTTOM
				CIRCULATE 30 MINS
				PUMP 15 BBLs MUD FLUSH
				MIX 150 SKS Common 18% SALT
				3/4 90 CFR-2
				Clean out lines
				Drop Plug
07:05				Displace Cement 131 BBLs
				Plug down 1000#
				RELEASE FLOAT HEAD.
				JOB Complete
				Thank You
				A.G. CURTIS

RECEIVED
KANSAS CORPORATION COMMISSION

MAR 24 2008

CONSERVATION DIVISION
WICHITA, KS