

Operator Name: Bear Petroleum, Inc. Lease Name: Moran Well #: 4
 Sec. 30 Twp. 19 S. R. 20 East West County: Rush

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 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:

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
	Name	Top Datum
	Anhydrite	1526 +773
	Heebner	3834 -1535
	Toronto	3851 -1552
	Lansing	3881 -1582
	Ft. Scott	4376 -2077
	Cherokee Sand	4397 -2098
	RTD	4510 -2211

Bore Hole Compensated Sonic, Dual Induction,
 Dual Compensated Porosity, Microresistivity

*Per
 cp 23
 abt.
 in
 logs*

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	12 1/4"	8 5/8"	24	1294' / 1293'	60/40 - Common	600	3% cc

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

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

RECEIVED
 KANSAS CORPORATION COMMISSION
 JUN 23 2008

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No	CONSERVATION DIVISION WICHITA, KS
Date of First, Resumerd Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity

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 _____



Scrf pipe

FIELD ORDER N° C 33583

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

DATE 4-29 2008

IS AUTHORIZED BY: BEAR Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: lease MORAN Well No. 4 Customer Order No. _____

Sec. Twp. Range _____ County RUSH 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
MILEE	50	MILEAGE Pickup	1 ⁰⁰	50 ⁰⁰
M101	50	MILEAGE Pump Truck	3 ⁰⁰	150 ⁰⁰
M100	1	Pump Charge		700 ⁰⁰
TOP	1	WOODEN Plug		65 ⁰⁰
BOTTOM	1	ALUMINUM Baffle		85 ⁰⁰
2651	60	Calcium Chloride	8 ⁰⁰	480 ⁰⁰
2400	450	60/40 P02 2% gel Allowed	9 ⁰⁵	4072 ⁵⁰
2101	150	Common	11 ⁰⁵	1657 ⁵⁰
RECEIVED KANSAS CORPORATION COMMISSION				
JUN 23 2008				
CONSERVATION DIVISION WICHITA, KS				
2120	600	Bulk Charge	1 ²⁵	750 ⁰⁰
2121		Bulk Truck Miles 26.4 TX 50m = 1320 TM	1 ¹⁰	1452 ⁰⁰
		Process License Fee on _____ Gallons		
TOTAL BILLING				9462 ⁰⁰

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 OB

Dick
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

TREATMENT REPORT

Acid Stage No.

Date 4-29-08 District G.B. F. O. No. C
 Company Bechtel Petroleum
 Well Name & No. Mason #4
 Location _____ Field _____
 County Rush State KS
 Casing: Size 8 7/8" Type & Wt. 23# Set at 1292 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 _____
 Bkdwn. _____ 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. 370 Sp. _____ Twin _____
 Auxiliary Equipment Bulk Truck 327/(135/310)
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative Dick Treater Alan C.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
6:00				On location.
:				Run 1292' 8 7/8" casing.
:				Circulate mud for 30 minutes while
:				Tongue crew and welder rigged down.
:				Mixed 450 sks (0.14) per. 2% gel.
:				Mixed 150 sks common 3% calcium chloride.
:				Release plug.
:				Pumped 50 barrels displacement.
01:15 am				Plug landed w/ 500 psi.
:				Shut in well.
:				Tow down
:				Thank You!
:				Neckon w.t.

RECEIVED
KANSAS CORPORATION COMMISSION

JUN 23 2008

CONSERVATION DIVISION
WICHITA, KS



PTA Well

FIELD ORDER N° C 33510

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

DATE 5-6-08 20

IS AUTHORIZED BY: Bee Petroleum
(NAME OF CUSTOMER)
Address _____ City _____ State _____
To Treat Well As Follows: lease Moran Well No. #4 Customer Order No. _____
Sec. Twp. Range _____ County Rush 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>4101</u>	<u>50</u>	<u>Mileage Pump Truck</u>	<u>3.00/</u>	<u>150.00/</u>
<u>MILE4</u>	<u>50</u>	<u>Mileage Pick-up</u>	<u>1.00/</u>	<u>50.00/</u>
<u>4100</u>	<u>1</u>	<u>Pump Truck Charge</u>		<u>700.00/</u>
<u>4000</u>	<u>135</u>	<u>60/40 poz. 2% gel.</u>	<u>9.05/</u>	<u>1,221.75/</u>
<u>4050</u>	<u>3</u>	<u>2% additional gel.</u>	<u>12.50/</u>	<u>37.50/</u>
<u>4000</u>	<u>138</u>	<u>Bulk Charge</u>	<u>1.25/</u>	<u>172.50/</u>
<u>4001</u>		<u>Bulk Truck Miles $6.10T \times 50m = 305Tm \times 1.10/ =$</u>	<u>1.10/</u>	<u>335.50/</u>
		Process License Fee on _____ Gallons		
TOTAL BILLING				<u>2,667.75/</u>

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 Nathan W.

Station C.B.

RECEIVED
KANSAS CORPORATION COMMISSION

Dick

Well Owner, Operator or Agent

Remarks _____

JUN 23 2008

NET 30 DAYS
CONSERVATION DIVISION
WICHITA, KS



TREATMENT REPORT

Acid Stage No.

Date 5-6-08 District G.R. F. O. No. 633510
 Company Des. Petroleum
 Well Name & No. Moan #4
 Location _____ Field _____
 County Lucas State KS
 Casing: Size _____ 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. _____ Bwlg 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 _____
 Bkdwn. _____ 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 T-327
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____

Company Representative Alan Curtis Treater Nathan W.

TIME a.m. / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
9:00				On location.
:				wait on Dozer.
:				Mix 50 sks 60/40ppm 4% @ 1350'
:				Mix 50 sks @ 700'
:				Mix 20 sks @ 60'
:				Mix 15 sks. to plug rat hole.
:				Thank You!
:				Nathan W.
:				Total - 135 sks.

RECEIVED
 KANSAS CORPORATION COMMISSION

JUN 23 2008

CONSERVATION DIVISION
 WICHITA, KS