

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4419
Name: Bear Petroleum, Inc.
Address 1: P.O. Box 438
Address 2: _____
City: Haysville State: KS Zip: 67060 + _____
Contact Person: Dick Schremmer
Phone: (316) 524-1225
CONTRACTOR: License # 3009 3004
Name: Gressel Oil Field Service, Inc.
Wellsite Geologist: None
Purchaser: Coffeyville Resources
Designate Type of Completion:
____ New Well Re-Entry ____ Workover
 Oil ____ SWD ____ SIOW
____ Gas ____ ENHR ____ SIGW
____ CM (Coal Bed Methane) ____ Temp. Abd.
____ Dry ____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:
Operator: Gulf Oil Corporation
Well Name: Blood #3
Original Comp. Date: 3-15-55 Original Total Depth: 3190
____ Deepening ____ Re-perf. ____ Conv. to Enhr. ____ Conv. to SWD
____ Plug Back: _____ Plug Back Total Depth
____ Commingled Docket No.: _____
____ Dual Completion Docket No.: _____
____ Other (SWD or Enhr.?) Docket No.: _____
1-20-09 1-23-09 2-24-09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 173-01811 - 0001
Spot Description: _____
____ NE ____ SE ____ SW Sec. 29 Twp. 28 S. R. 1 East West
950 Feet from North / South Line of Section
2310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Sedgwick
Lease Name: G. Blood Well #: 3
Field Name: East Gladys
Producing Formation: Mississippi & Kansas City
Elevation: Ground: 1268 Kelly Bushing: 1273
Total Depth: 3190 Plug Back Total Depth: 3190
Amount of Surface Pipe Set and Cemented at: 159 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/ _____

RECEIVED
APR 17 2009
KCC WICHITA

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 20,000 ppm Fluid volume: 160 bbls
Dewatering method used: Trucked
Location of fluid disposal if hauled offsite:
Operator Name: Bear Petroleum, Inc.
Lease Name: Blood License No.: 4419
Quarter SW Sec. 29 Twp. 28 S. R. 1 East West
County: Sedgwick Docket No.: D-24944

no - log - 8/20/09

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: 4-16-09
Subscribed and sworn to before me this 16th day of April,
20 09.
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

Operator Name: Bear Petroleum, Inc. Lease Name: G. Blood Well #: 3
 Sec. 29 Twp. 28 S. R. 1 East West County: Sedgwick

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	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input 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>Stalnaker</td> <td>2297</td> <td>-1028</td> </tr> <tr> <td>Kansas City</td> <td>2627</td> <td>-1358</td> </tr> <tr> <td>Conglomerate</td> <td>3128</td> <td>-1859</td> </tr> <tr> <td>Mississippi</td> <td>3144</td> <td>-1875</td> </tr> <tr> <td>TD</td> <td>3190</td> <td></td> </tr> </table>	Name	Top	Datum	Stalnaker	2297	-1028	Kansas City	2627	-1358	Conglomerate	3128	-1859	Mississippi	3144	-1875	TD	3190	
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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		8 5/8"	24#	159	Common	150	
Production		5 1/2"	15#	3189	Common	60	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	2790-91	Common	210	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
4 SPF	2773-2780	Acid treated w/1500 gal 15% NEFE	2773-2780
4 SPF	2742-2744	Cement squeezed w/120 sax	2742-2744
4 SPF	3145-3190	Acid treated w/1500 gal 15% NEFE	3145-3190

TUBING RECORD:	Size: <u>2 7/8"</u>	Set At: <u>3180'</u>	Packer At: <u>None</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>2-28-09</u>		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 Bbbs. <u>9</u>	Gas Mcf	Water Bbbs. <u>290</u>	Gas-Oil Ratio <u>40</u>

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 type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>2773-2780</u> <u>3145-3190</u>
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