

KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION
 Please TYPE Form and File ONE Copy

Form CP-1
 March 2009
This Form must be Typed
Form must be Signed
All blanks must be Filled

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

API No. 15 - 007-30369-0001
 If pre 1967, supply original completion date: _____
 Spot Description: _____
NE NE NE Sec. 24 Twp. 31 S. R. 15 East West
330 Feet from North / South Line of Section
330 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Barber
 Lease Name: Dickerson Well #: 1

Check One: Oil Well Gas Well OG ~~OG~~ Cathodic Water Supply Well Other: LH
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____
 Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
 Surface Casing Size: 8 5/8" Set at: 861 Cemented with: 100 Sacks
 Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:
Attempted to wash well down. Can't get any deeper than 2130'.
 Need plugging orders.
 Elevation: 1724 T. G.L. / K.B. T.D.: _____ P.B.T.D.: _____ Anhydrite Depth: 670
 (Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
 (Interval)
 Proposed Method of Plugging (attach a separate page if additional space is needed):

According to the rules and regulations of the KCC

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No
 If ACO-1 not filed, explain why:

RECEIVED
 AUG 21 2009
 KCC WICHITA

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission
 Company Representative authorized to supervise plugging operations: Dick Schremmer
 Address: P.O. Box 438 City: Haysville State: KS Zip: 67060 + _____
 Phone: (316) 524-1225
 Plugging Contractor License #: 6901 Name: D. S. & W. Well Servicing, Inc.
 Address 1: P.O. Box 231 Address 2: _____
 City: Claffin State: KS Zip: 67525 + 0231
 Phone: (620) 587-3361
 Proposed Date of Plugging (if known): unknown 8/24/09

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
 Date: 8/19/09 Authorized Operator / Agent: _____
 (Signature)

Dist 1
 PKT

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202
 * KCC - Well Plugged - PKT