

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

-00-00

API NUMBER 15-007-22,179

LEASE NAME Lemon B

WELL NUMBER 1

3300 Ft. from S Section Line

4695 Ft. from E Section Line

SEC. 9 TWP. 30 RGE. 13 (E) or (W)

COUNTY Barber

Date Well Completed 3-8-88

Plugging Commenced 7-26-95

Plugging Completed 7-27-95

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

LEASE OPERATOR Bear Petroleum, Inc.

ADDRESS Box 438, Haysville, KS 67060

PHONE# (316) 524-1225 OPERATORS LICENSE NO. 4419

Character of Well _____

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 2-15-95 (date)

by unknown (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? _____

Producing Formation Simpson Depth to Top 4616 Bottom 4620 T.D. 4750

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
	conductor	surf	112	13 3/8	112	0
	surface	surf	1060	8 5/8	1060	0
	production	surf	4730	5 1/2	4730	3208

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from _____ feet to _____ feet each set
Sanded well back from 3190' to 3094'. Dump bailed 5 sax cement. Shot casing off at 3208'. Pulled casing. Pumped the following down 8 5/8" casing: 9 sax common, 60 sax pozmix, 28 sax gel and 4 sax bulls

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Gressel Oil Field Service, Inc. License No. 3009

Address Box 607, Burrton, KS 67020

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Bear Petroleum, Inc.

STATE OF Kansas COUNTY OF Sedgwick, ss.

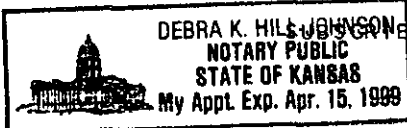
R. A. Schremmer

(Employee of Operator) or (Operator) of

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and filed the above-described well as filed that the same are true and correct, so help me God.

Signature) [Signature]
(Address) Box 438, Haysville, KS 67060

DEBRA K. HILL-JOHNSON NOTARY PUBLIC STATE OF KANSAS My Appt. Exp. Apr. 15, 1999
I hereby certify that the above is a true and correct copy of the original as presented and sworn to before me this 28th day of August, 19 95



My Commission Expires: April 15, 1999

Notary Public
Debra K. Hill-Johnson