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MAR 31 2003

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 4419
Name: Bear Petroleum, Inc.
Address: PO Box 438
City/State/Zip: Haysville KS 67060
Purchaser: _____
Operator Contact Person: Dick Schremmer
Phone: (316) 524-1225
Contractor: Name: Berentz Drilling Company, Inc.
License: 5892
Wellsite Geologist: Terry L. McLeod

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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. _____

2-27-03 3-12-03 3-12-03
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15-095-21834-00-00
County: Kingman
SE-SE-SE Sec. 23 Twp. 27 S. R. 6 East West
330 feet from (S) N (circle one) Line of Section
330 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Endicott Well #: 1
Field Name: Waterloo
Producing Formation: Viola
Elevation: Ground: 1452 Kelly Bushing: 1457
Total Depth: 4100 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 265 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/ _____ sx cmt.

Drilling Fluid Management Plan see ea 4-3-03 dry
(Data must be collected from the Reserve Pit)
Chloride content 6900 ppm Fluid volume 300 bbls
Dewatering method used Hauled
Location of fluid disposal if hauled offsite: _____
Operator Name: Bear Petroleum, Inc.
Lease Name: Grabber License No.: 4419
Quarter NE Sec. 4 Twp. 27 S. R. 6 East (West)
County: Kingman Docket No.: D-22,284

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: [Signature]
Title: President Date: 3-28-03
Subscribed and sworn to before me this 28th day of March,
19 2003
Notary Public: Shannon Howland
Date Commission Expires: 3/10/04

SHANNON HOWLAND
Notary Public - State of Kansas
My Appt. Expires 3/10/04

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Bear Petroleum, Inc. Lease Name: Endicott Well #: 1
 Sec. 23 Twp. 27 S. R. 6 East West County: Kingman

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.

AST #1 on geological map

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: No Logs

Log	Formation (Top), Depth and Datum	Sample
Name	Top	Datum
Indian Cave	1775	-318
Heebner Sh	2716	-1259
Doug Sh	2747	-1290
U Doug Sd	2801	-1344
L Doug Sd	2849	-1392
Brn Lime	2975	-1518
Lansing	2994	-1537
Stark Sh	3362	-1905
Base KC	3468	-2011
CK Sh	3617	-2160
Weath Miss	3759	-2302
Solid Miss	3771	-2314
Misener Sd	4089	-2632

CASING RECORD							
New				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	20	265	Common	250	3% CC

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 type="checkbox"/> 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

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	No
Date of First, Resumed Production, SWD or Enhr.	Producing Method:						
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

Disposition of Gas Vented Sold Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

Dry Hole



FIELD ORDER No 22968

ORIGINAL

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

DATE 3-01 20 03

IS AUTHORIZED BY: BEAR PETROLEUM
(NAME OF CUSTOMER)
 Address Endico H City APT #095-21834-0000 State _____
 To Treat Well As Follows: Lease HATCR100 Well No. 1 Customer Order No. _____
 Sec. Twp. Range R/R SURANCE County 22-27-6W SESESE 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
4100	45	MILWAUKEE PUMP TRUCK	2.00	90.00
4101	1	Pump Charge		450.00
4101	230	COMPARISON	6.35	1460.50
RECEIVED				
MAR 31 2003				
KCC WICHITA				
4200	230	Bulk Charge	1.00	230.00
4201		Bulk Truck Miles $10.617 \times .45/m = 4.86, 45.7m$.85	413.98
		Process License Fee on _____ Gallons		
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 A. B. CURTIS

Station 68

Well Owner, Operator or Agent

Remarks

NET 30 DAYS

KENS #41801



FIELD ORDER No 23320

ORIGINAL

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

DATE 3-12 20 03

IS AUTHORIZED BY: Bear Petroleum Inc
(NAME OF CUSTOMER)
Address Box 438 City Hayville State Ks
To Treat Well Endico # Well No. 1 Customer Order No. _____
As Follows: Lease _____
Sec. Twp. SESESE 23-27-6W County Kingman State Ks
Range _____

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 PTA Well Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
4100	1	Pump truck		800
4101	30	Pump truck mileage	2.00	60
4000	110	2x 60/40 post	5.85	648.50
RECEIVED				
MAR 31 2003				
KCC WICHITA				
4200	110	Bulk Charge	1.00	110.00
4201	30	Bulk Truck Miles 4.785 x	.85	122.00
		Process License Fee on _____ Gallons		
TOTAL BILLING				1,735.50

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 George

Station _____ Well Owner, Operator or Agent

Remarks _____ NET 30 DAYS

