

API NUMBER 15-145-20,907-0000

LEASE NAME Seeman

WELL NUMBER 1

2970 Ft. from (S) Section Line

330 Ft. from (E) Section Line

SEC. 14 TWP. 20 RGE. 17 (E) or (W)

COUNTY Pawnee

Date Well Completed 10-27-81

Plugging Commenced 11-6-95

Plugging Completed 11-6-95

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, O&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 11-5-95 (date)

by unknown. (KCC District Agent's Name).

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

Producing Formation Arbuckle Depth to Top 3872' Bottom 76' T.N. 3900'

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
	Surf	Surf	318	8 5/8"	318	0'
	Production	Surf	3900	4 1/2"	3900	1202'

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
Dumped sand from TD to 3800'. Dump bailed 4 sax cement. Shot pipe off at 1202' and pulled. pumped top plug of 175 sax 60/40 6% gel 20 sax gel 400 lbs. hulls.

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.

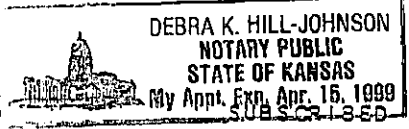
STATE OF Kansas COUNTY OF Sedgwick, ss.

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 the log of the above-described well, and the same are true and correct, so help me God.

(Signature) R. A. Schremmer

(Address) Box 438, Haysville, KS 67020

30th day of November, 1995



Notary Public
Debra K. Hill-Johnson

My Commission Expires: April 15, 1999

USE ONLY ONE SIDE OF EACH FORM

RECEIVED
 STATE CORPORATION COMMISSION
 DECEMBER 1 1995
 CONSERVATION DIVISION
 WICHITA, KANSAS

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

FORM CP-1
Rev. 03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ KCC LICENSE # _____
(owner/company name) (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____ SPOT LOCATION/QQQQ COUNTY _____

_____ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL _____ GAS WELL _____ D&A _____ SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PSTD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

If not explain why? _____

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.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ KCC LICENSE # _____
(company name) (contractor's)

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____
(signature)