

15.009.23546.0000

API NUMBER 009-21,546

LEASE NAME Schultz 2

WELL NUMBER 2

4850 Ft. from S Section Line

330 Ft. from E Section Line

SEC. 6 TWP. 20S RGE. 15 (E) or (W)

COUNTY Barton

Date Well Completed 1984

Plugging Commenced 10-9-92

Plugging Completed 10-10-92

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

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

The plugging proposal was approved on 11-9-92 (date)

by Mr. Bruce Baye (KCC District Agent's Name).

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

Producing Formation Platts-mouth Depth to Top 3220' Bottom 3225' T.D. 3250'

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
	<u>Sect Pipe</u>	<u>Sect</u>		<u>8 7/8</u>	<u>714'</u>	<u>0'</u>
	<u>Road Pipe</u>	<u>Sect</u>		<u>5 1/2</u>	<u>3839'</u>	<u>0'</u>

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

Ran tubing to 3250' plugged 150 sac 60-40 PZ 82 gel, pulled tubing to 1500' set hole with 50 sac PZ 4 tubing tied on to 15 1/2" plugged 175 sac passed to 350 gse + detail.

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

Address Box 438 Barton, KS 67020

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Bear Petroleum Inc

STATE OF Kansas COUNTY OF Sedgwick, ss.

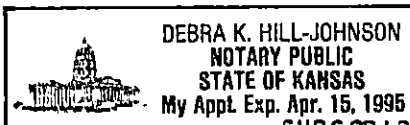
R. A. Schremmer

(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 as filed the the same are true and correct, so help me God.

(Signature) [Signature]

(Address) Box 438, Haysville, KS 67060



SUBSCRIBED AND SWORN TO before me this 18th day of November 1992

[Signature]
STATE CORPORATION COMMISSION

Debra K. Hill-Johnson

My Commission Expires: April 15, 1992

USE ONLY ONE SIDE OF EACH FORM

NOV 19 1992

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 _____ (owner/company name) KCC LICENSE # _____ (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. _____ PBD _____ 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 _____ (company name) KCC LICENSE # _____ (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)