

Employee of Operator or Operator on above-described well,

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1222584

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

WELL PLUGGING RECORD

API No. 15 - _____ OPERATOR: License #: Spot Description: _-__- Sec. ___ Twp. ___ S. R. ___ East West Address 1: ___ Feet from North / South Line of Section Address 2: ___ _____ Feet from East / West Line of Section Contact Person: ____ Footages Calculated from Nearest Outside Section Corner: Phone: (_____) _____ NE NW SE SW Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic County: ____ Water Supply Well Other: SWD Permit #:_ Lease Name: ______ Well #:_____ ENHR Permit #: _____ Gas Storage Permit #: ____ Date Well Completed: ___ Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: ____ Producing Formation(s): List All (If needed attach another sheet) _____(KCC **District** Agent's Name) _____ Depth to Top: _____ Bottom: _____ T.D. ___ Plugging Commenced:_____ ___ T.D. ___ _ Depth to Top: ___ Bottom: Plugging Completed:_____ ______ Depth to Top: ______ Bottom: _____ T.D. _____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Size Formation Content Casing Setting Depth Pulled Out Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. _____ Name: ___ Plugging Contractor License #: ___ Name of Party Responsible for Plugging Fees: ____

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

_____ County, ______ , ss.

(Print Name)



Remarks_

Szk

FIELD ORDER Nº C 42694

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

| | | | 316-524-122 | 5 DATE | 8-1 | 22 | 20 14 | | |
|--|---|--|---|--|---|---|---|--|--|
| IS AUTHORI | ZED BY: | Beer Pedroleum | | | | | 20- | | |
| | | | (NAME OF CUSTO | | | | | | |
| To Treat Well As Follows: Lease | | | Well No. | 9-16 | r Order No. | | | | |
| Sec. Twp. | | | County | 9-16 awnee | _ Oustonier | State KS | | | |
| CONDITIONS: not to be held I implied, and no treatment is pay our invoicing de | iable for any da representations yable. There wil epartment in acc | consideration hereof it is agreed mage that may accrue in connect have been relied on, as to what I be no discount allowed subsequordance with latest published prichimself to be duly authorized to | that Copeland Acid Service ion with said service or tr may be the results or effe ent to such date. 6% inte ce schedules. | e is to service or treat eatment. Copeland A ct of the servicing or t rest will be charged af | at owners risk cid Service has reating said w | , the hereinbefo s made no repr ell. The consid | ere mentioned well and is esentation, expressed o eration of said service o | | |
| | JST BE SIGNED IS COMMENCED |) Well | Owner or Operator | By_ | | Agent | | | |
| | | | | | | UNIT | | | |
| CODE 2 | QUANTITY | Mila D | DESCRIPTIO | N | | COST | AMOUNT | | |
| 2 | 20 | Mileage Pur | ng Truck | | | 400 | 8000 | | |
| 2 | | Pump Charge | -Plug | | | | 65000 | | |
| 2 | 290 | 6140 Vla | Gel | | | 10°C | 2900€ | | |
| 2 | 5 | Additional | (02) | | | 2200 | 11000 | | |
| | | | | | | | | | |
| | 295 | Bulk Charge Bulk Truck Miles 12,9 | 87×762 | 9.60 | | 125 | 36825 | | |
| | | | | 4/5/0 | | | 203 | | |
| | | Process License | -ee on | Gallons TOTAL E | BILLING | | 443434 | | |
| I certify the manner u | nat the above | material has been accept ction, supervision and con | ed and used; that the trol of the owner, ope | e above service w | as performe | ed in a good Inature appe | and workmanlike ars below. | | |
| Copeland | Representativ | e Greg Curtis | | Die | k 5 | >. | | | |
| Station | 012 | | _ | Well | Owner, Operato | or or Agent | | | |

NET 30 DAYS



TREATMENT REPORT

| Acid & Cement & | | | | | | | | Acid Stage No | o | | |
|---|----------------|--------------|--------------------|---|--|--|--------------|---|-----------|--|--|
| | | | | | Type Treatment: | Amt. | Type Fluid | Sand Size | Pounc | ds of Sand | |
| Date 8/22/2014 District GREAT BEND F.O. No. 42694 | | | | | Bkdown | | ,,, | | | | |
| Company | BEAR PETRO | LEUM | | | | The state of the s | | | | | |
| Well Name & No. MILLER 19-16 | | | | | | Bbl./Gal. | | | | | |
| Location Field | | | | | | Bbl./Gal. | | | | | |
| County PAWNEE State KS | | | | | Flush | | | | | | |
| | | | | - 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 | Treated from | | t. to | | No. ft. | 0 | |
| Casing: | Size 4 1/ | 2 Type & Wt. | | Set at ft. | | f | | | No. ft. | 0 | |
| Formation: Perf. to | | | | from | | t. to | | No. ft. | 0 | | |
| | | | | | Actual Volume of Oi | il / Water to Load Hole | | | | Bbl./Gal. | |
| Formation | 1: | | | | | AND PROPERTY OF THE PARTY OF TH | | | | | |
| | | | | | Pump Trucks. N | lo. Used: Std. | 320 Sp. | | Twin | | |
| | | | | | Auxiliary Equipment | | | 7-308T | - | | |
| | | | Swung at | | 22 500 75 | NATHAN JORDAN | | | | ************************************** | |
| | Perforated f | | ft. to | | Auxiliary Tools | | | | | | |
| | | | | | Plugging or Sealing N | Materials: Type | | | | | |
| Open Hole | Size | T.D | ft. P | .B. to ft. | | | | Gals. | | lb. | |
| | | | | | | | | | | | |
| Company | Representative | | DICK S | 5. | Treater | | GREG CUI | RTIS | | | |
| TIME | PRES | SURES | | | | | | | | | |
| a.m./p.m. | Tubing | Casing | Total Fluid Pumped | | | REMARKS | | | | | |
| 1:30 | | | | ON LOCATION | | | | | | | |
| | | | | | CONTROL DESCRIPTION OF THE PROPERTY OF THE PRO | | | | | | |
| | | 100 | | CIRCULATE 180 S | ACKS OF 60 | /40 4% CFMF | NT 2RPM | 100PSI | | | |
| | | | | 011100111111111111111111111111111111111 | riche di do | 7 10 170 CEIVIE | | 1001 31 | | | |
| | | | | PUMP 60 SACKS | OF 60/40 4% | 6 DOWN SUR | EACE AT 25 | RDM SHIT | T INI \A/ | ITH 50 | |
| | | | | TOWN OU STICKS | 01 00/40 4/ | 0 00 0010 | TACE AT ZE | 31 101 3110 | 1 114 44 | 1111 30 | |
| | | | | TOP OFF CASING | \\/\TH 50 \$A | CKS OF 60/4 | 0 40% CENAE | NT | | | |
| | | | | TOT OTT CASING | WIIII JO JA | CK3 01 00/4 | U 470 CLIVIL | IVI | | | |
| | | | | | | | | | | | |
| 2.00 | | | | IOD COMPLETE | | | | | | | |
| 3:00 | | | | JOB COMPLETE | **** | | | | | | |
| | | | | THANK YOU | | | | | | | |
| | | | | THANK YOU | | | | | | | |
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