

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

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

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

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

OPERATOR: License #: _			API No	o. 15				
Name:				Spot Description:				
Address 1:				Sec	Twp S. R	East West		
Address 2:				Feet from North / South Line of Section				
City:	State:	Zip: +						
Contact Person:			Footag	ges Calculated from Nea	rest Outside Section Corn	er:		
Phone: ( )				NE NW	SE SW			
Type of Well: (Check one)	Oil Well Gas We	II OG D&A Catl	hodic					
Water Supply Well	Other:	SWD Permit #:			Wall #.			
ENHR Permit #:		as Storage Permit #:		Lease Name: Well #:				
Is ACO-1 filed? Yes	No If not, i	s well log attached? Yes		Date Well Completed:				
Producing Formation(s): L		_			(KCC <b>Distri</b>	. ,		
	•	Bottom: T.D						
•	•	Bottom: T.D	Pluggi					
		Bottom: T.D	Pluggi	ng Completed:				
Show depth and thickness	s of all water, oil and gas	formations.						
	/ater Records		Casing Record (	Surface, Conductor & Prod	duction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
Tomaton	Content	Odomig	OIZC	Cetting Deptin	1 diled out			
		plugged, indicating where the r ter of same depth placed from	•					
Plugging Contractor Licen	se #:		Name:					
Address 1:			Address 2:					
City:			State:		Zip:	_+		
Phone: ( )								
Name of Party Responsib	le for Plugging Fees:							
State of	Cou	ınty,	, ss.					
		•		Employee of Operator of	or Operator on above	-described well		
	(Print Na			Employee of Operator of		acsonbed well,		

Submitted Electronically

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



**FIELD** 

ORDER Nº C 42129

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

		DATE / /	2	20/0
IS AUTHORI	ZED BY:	Bear Petroleum		
		(NAME OF CUSTOMER)  City	State	3
To Treat Well As Follows:	Lease A	1 (101)		
Sec. Twp. Range			State	165
not to be held li implied, and no treatment is pay our invoicing de	able for any dar representations able. There will partment in acc	consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners rismage that may accrue in connection with said service or treatment. Copeland Acid Service he have been relied on, as to what may be the results or effect of the servicing or treating said. I be no discount allowed subsequent to such date. 6% interest will be charged after 60 days, ordance with latest published price schedules.  Thimself to be duly authorized to sign this order for well owner or operator.	as made no repr well. The consid	esentation, expressed or eration of said service or
THIS ORDER MU BEFORE WORK		Ву		
	· · · · · · · · · · · · · · · · · · ·	Well Owner or Operator	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT	AMOUNT
2	50	Milenso Pirk UP	200	\$0000
2	50	Mileage Pung Truck	400	20000
2		Pung Charge - Plug Job		65000
2	400	Sacles of 60/40 290 Gel	1000	40000
2	7	Sailes of Additional Gel	2250	1500
2	407	Bulk Charge	125	5082
2		Bulk Truck Miles 17, 9087 × 50, = 895, 407M	12	984. 94
		Process License Fee onGallons		1

manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below. Copeland Representative Station Well Owner, Operator or Agent Remarks\_

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike

**TOTAL BILLING** 

**NET 30 DAYS** 



#### TREATMENT REPORT

Acid Stage No.

Date 1/14/2015 District F.O. N  Company Bear Petroleum  Well Name & No. Armstrong "B" #3	io. 42129	Type Treatment:  Bkdown	Bbl./Gal.	Type Fluid			and
Location Field							
County Pawnee State KS		Flush	Bbl./Gal.				
Casing: Size 5 1/2 Type & Wt.	Set atft.	from		ft. to ft. to	ft.	No. ft. C	)
							I./Gal.
Formation: Perf.		Actual Volume of Oi	ir/ water to coau no	ne.			i./ Gai.
Formation: Perf.		Pump Trucks. N	lo licad: Std	320 sn		Twin	
Liner: Size Type & Wt. Top at ft.  Cemented: Yes Perforated from		Auxiliary Equipment		360			
Tubing: Size & Wt. Swung at		Personnel Greg Jo					
Perforated fromft. to		Auxiliary Tools					
		Plugging or Sealing I					***************************************
Open Hole Size T.D. ft. P.					Gals.		ſb.
Company Representative Dick S.		Treater		Greg Cui	rtis		
TIME PRESSURES Total Fluid Pumped			REMARKS				
a.m./p.m. Tubing Casing	On Location						_
11:15	On Location						
	Pump 5 BBLs of I	U2O @ 2BDV	A 100#				
	Pullip 3 BBLS OF I	HZO @ ZBFI	VI 100#				-
	Mix 400 sks of 60	0/40 4% com	ont @ ARDI	M 100#			_
	1V11X 400 5K5 01 00	0/40 476 CEII	Tent @ 4bri	VI 100#			
	Displaced cemen	+ with 12 BB	N c of H2O				
	Displaced Cerrier	IL WILL 12 BE	DLS OF FIZO			-	
	Shut in with 200	tt on casing					
	Shut in with 200	# Off Casing					-
	Job Complete						-
1:15	Job Complete				<del></del>		
	Thank You!						
	THAIR TOU:						
							-
`							



# FIELD ORDER Nº C 43015

BOX 438 • HAYSVILLE, KANSAS 67060

			316-524-	1225	DATE	30	20 15
	ZED BY:	David Da			DAIL GO		20_10_
IS AUTHORI	ZED BY:	Bear Let	(NAME OF C	USTOMER)			
Address			City			State	
To Treat Well As Follows:	Lease AR	n Steony	Well No	B#3	Custome	er Order No	
Sec. Twp. Range		3	County _	Runes		State <u></u>	S
not to be held I implied, and no treatment is pay our invoicing de	iable for any dar representations yable. There wil epartment in acc	consideration hereof it is agreed tha mage that may accrue in connection have been relied on, as to what ma I be no discount allowed subsequen ordance with latest published price himself to be duly authorized to sig	with said service by be the results or t to such date. 6% schedules.	or treatment. Co effect of the serv interest will be ch	peland Acid Service hicing or treating said narged after 60 days.	as made no repres well. The consider	entation, expressed o ation of said service o
THIS ORDER MI BEFORE WORK	JST BE SIGNED IS COMMENCED	) Well Ow	ner or Operator	pattern and a second	Ву	Agent	
CODE	QUANTITY		DESCRIF	PTION		UNIT	AMOUNT
	\	P. J. P.	1 ~ 1	Ь		COST	(050)
		Par Trailer Ren	Died 20				25000
	75504	(d)-40-9% Pos	@ 10 0/	early			750=
	125ml	lwa miles P	4 º/ mile				500 00
	125 mil	Rough Trip Dick	0 11203	mile.			500
	SHES	Welder to cut	SURS	ce 4 cersia	outed po		225-02
	7550	Bulk Charge Win c	\0.4				150 °c
	4008,	Bulk Truck Miles \10/	ton mil	2			448 57
		Process License Fe	e on	Ga	illons		
			3	Т	OTAL BILLING		
I certify t	hat the above under the dire	e material has been accepted ection, supervision and control	d and used; that ol of the owner	at the above se , operator or h	ervice was perform is agent, whose s	med in a good a signature appea	and workmanlike ars below.
Copeland	Representati	ve Jegs Kf					
Station	Byltie				Well Owner, Open	rator or Agent	
Remarks	P	your 12:10	NET 30	DAYS			



#### TREATMENT REPORT

Acid Stage No. 17

100000	8 6				Type Treatment:	Amt.	Type Fluid	Sand Sise	l'ounds of Sand
	0 11			). No	I .	Bbl. /Gal			
Company Bear tet Well Name & No. ARM STRONG B #3						Bbl./Gal			
						Bbl./Gal			
						Bbl./Gal			
County	5wher		State 4			Bbl. /Galft.			
	KL			Set atft.		ft.			
				totc		ft.			
				to					•••
				to	Actual Volume of	Oil/Water to Load	Hole:		Bbl. /Gal.
				. Bottom atft.	Pump Trucks. No	. Used: Std. 33.	3sp	Tv	vin
				ft. toft.	Auxiliary Equipm	ent Bulk 32	2		
				ft.	Packer:			Set at	ft.
				ft.	Auxiliary Tools	of Muterials: Type	<b>5</b>		E
					Plugging or Sealing	ig Materials: Type	15 Sock. (	,0-HO-2	2
Open Hole Si	ze	. T.D		3. toft.				Сікія	lb.
						le 17	1		
Company	Representativ				Treater	Ten 19/			
TIME a.m/p.m.	PRES:	Casing	Total Fluid Pumped	2		REMARK	8		
D:15				On loc J	SA Riz	m on an	1X CENTER	t-	
:				Riche P	dy teath	النا			
:				CMT, 80/2	Ch4 0/	2 Casing	Bur u	LEASURI	e line
:				have solid	botton	10 H	x 12 8/8	BUN P	sty in
:			0	ten postos	- 7	30 bords.	Tench.		7
<u> </u>			72880	Bypy Cit		Neter	10.11	0 19 3	Ø .
<u>.</u>			HARRI	Stock W!	Ling going	Clawa h	d 20 sext	Urd. Co	107.
	-		5281.	at pale +	611 PANON	Cain to	490'	2 pery	o raly out
<del></del>	<b> </b>		2421	Stret Mix		dawn hak			
			13 BB	55 sadry	11 11 11	and cons	+ to SW	2000	002
:				solv aine	ONA 119	til ma -	TORR COU	14.	1 8
12:30				1311		1			
:									
:									
<u>:</u>									
:									
-:-			-						
	<b></b>		-						
<del>.</del>									
:			-						
-:	<b> </b>								
:									
:									
:									
:									
:									
:									
-:-									
-:			-						
<del></del>									
-									