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

1247293

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. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	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 Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) SWD Permit #: SWD Per	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date)
Depth to Top: Bottom: T.D	by: (KCC District Agent's Name)
Depth to Top: Bottom: Depth to Top: Bottom: Depth to Top: Bottom:	Plugging Commenced:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	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.

Plugging Contractor License #:		Name:		
Address 1:		Address 2:		
City:		State:	Zip:	+
Phone: ()				
Name of Party Responsible for Plu	Igging Fees:			
State of	County,	, SS.		
	(Print Name)		or or Operator on abo	
haing first duly sugar an asthe asy	a. That I have leased along of the faste	atotomonto, and mottors harain contained, and the l	an of the chour departhed u	vall is as filed and

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.

Submitted Electronically





FIELD № C 40975 ORDER

20

BOX 438 • HAYSVILLE, KANSAS 67060 DATE_2-12-15

316-524-1225		225	4-1	6-52	31
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IS AUTHORIZED BY: BEAR PETRALIM	(NAME OF CUSTOMER)	
Address	City	State
To Treat Well As Follows: Lease $RA4$	Well No	Customer Order No
Sec. Twp. Range	County_Rus#	State

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.

By

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	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	30	MILEHEL POMP Truck	400	120 00
2 2 2	30	MILEAGE Promp Truck MILEAGE PICKUT PLUG PLUG CHARGE	200	60°°
2	1	PLUL PLUMP CHARGE		650 00
2	140	60/40 2% (400	1000	1400 ^{2°} 66 ^{2°}
2	3	2% ADD GEL	2200	66 20
				-
			175	25
2	143	Bulk Charge	125	178-20764
2		Bulk Truck Miles 6.2927x30m = 18826 Tun x	110	20764
		Process License Fee onGallons		
		- TOTAL BILLING		268239

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.

rendo Copeland Representative_

Station

11 31 Well Owner, Operator or Agent

Remarks

Acid & Cement

TREATMENT REPORT

scid d	& Cement	. En							Acid Stage N	0.	
					Type Treatment:	Amt.		Type Fluid	Sand Size	Pound	s of Sand
ate 2	/12/2015 D	istrict	F.O. N		Bkdown				·····		1
	BEAR PETROL										
Vell Name	& No. RAU #1										
ocation			Field			Bbl./	Gal.				
ounty	RUSH		State KS		Flush						
392405A8CDE.0					Treated from		ft.	to	ft.	No. ft.	0
asing:				Set atft.						No. ft.	0
ormation:			Perf.	to	from		ft.	to	ft.	No. ft.	0
ormation:			Perf.		Actual Volume of Oi	il / Water to Loa	d Hole:				Bbl./Gal.
ormation:			Perf.			adream the solution is a	nite second data			Milleskelsen kent sollarke 7454 het	n a generador a de Branna
	and the second s				Pump Trucks. N	lo. Used: Std.	31	L8 Sp.		Twin	
	the second s				Auxiliary Equipment				60-310		
	Size & Wt.		Swung at		Personnel BRAND	OON JOE AND	JORD	AN			_
	Perforated fr	om	ft. to	ft.	Auxiliary Tools						
					Plugging or Sealing I	Materials: T	/pe				
Ipen Hole Size T.Dft. P.B. toft								Gals	•	lb.	
CONTRACTOR OF	in te drivî derve navê ji derve de	and a second state of the second state and									
iompany F	lepresentative		DICK		Treater			BRAND	ION		
TIME	PRES	SURES		a a construction of operations in our participation and the mask of all the View of the AVA of the AVA of the A							
.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMA	KKS				1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
1:30				ON LOCATION							
				PUMP 140 SKS 6	0/40 4% AN	D PRESSU	RED	UP TO #	300		
									un na a fina da Alanda da A		
				PUMP 10 BBL W	ATER BEHIN	D CEMEN	T 1/2	2 BPM 90	0# AND S	HUT IN	
					······			<u></u>			
					and the second						
				THANKS							
				BRANDON							
				DIVINDON							
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un fertilitation (sectionalise).											



PIA

FIELD ORDER № C 40976

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

DATE	2-13-15	20

IS AUTHORIZED BY: DEAR PETROLEUM	(NAME OF CUSTOMER)	
Address	City	State
To Treat Well As Follows: Lease BRU	. Well No Cus	stomer Order No
Sec. Twp. Range	County Rust	State5

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.

By_

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	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	30	MULEMAR Pamo TRUCK	400	120 00
2	30	MUEMAR Pomp TRUCK MUEMAR PICKUP PLUG Pomp CAPRAS	2 25	60 =
2 2	1	PLUG Pump CNARAE		650°
				~~
2	365	60/40 2%	1000	3650°° 154'°
2	7	2% ADD GEC	2200	154/00
			25	60
2	372	Bulk Charge	125	465 540 14
2		Bulk Truck Miles 16.368 TX 30m = 491.047m	110	540-4
		Process License Fee onGallons		14
		TOTAL BILLING		5639-4

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_____

Station

(CV Well Owner, Operator or Agent

Remarks_

NET 30 DAYS



TREATMENT REPORT

ACID	& Cemen	t 🕰							Acid Stage No	<i>.</i>	
					Type Treatment:	Amt.		Type Fluid	Sand Size	Pound	ds of Sand
Date	2/13/2015	District	F.O. 1	No. 40976	Bkdown						
	BEAR PETROL		······································	····							
	e & No. RAU #1				1						
	And the second second second second		Field		1						
	RUSH		State KS								
					Treated from			. to		No. ft.	0
Casing:	Sizo 41/2	Type 8. W/t		Set atft.				. to		No. ft.	www.converter
Formation	A			the second se	from			. to			0
							100 C	a and the second second second			
Formation			Perf		Actual Volume of O	Dil / Water to	Load Hole				Bbl./Gal.
Formation			Perf.								
					Pump Trucks.		td			Twin _	
				Concerning of the Arrival State of the Arrival Stat	Auxiliary Equipment	environation of the second s			50-310		
Tubing:	Children and Child		Swung at		Personnel BRAND	DON JOE A	ND SCC	Π			-
	Perforated f	rom	ft. to	ft.	Auxiliary Tools						
					Plugging or Sealing	Materials:	Туре				
Open Hole Size T.D. ft. P.B. to f								Gals.		Ib.	
										Chilings and December 1, 5, 5	
Company	Representative		DICK		Treater			BRAND	NC		
TIME	PRES	SURES	1							and the second	
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			RE	MARKS				
9:00				ON LOCATION							
							ingela-				
				PERF AT 550' AN	D PLIMP 32	5 585 60	1/40.4			ATE	
				PUMP 4 1/2 BBL		5 515 00	J +0 -				
				GO BACK TO LOA) F	
				GO BACK TO LOA	AD IVIORE CE	IVIENT	AND G	EIREADI	TOREPER	<u>.r</u>	
				PERF AT 250' AN					water law of the law o		900#
				SHUT IN 4 1/2 AI		and the second sec			19 15 SKS	AND	
				PRESSURED UP 1	TO 300# AND	D HELD.	SHU	Γ IN			
		1									
				THANKS							
				BRANDON							
						محمد المراجع المحمد الم					
_											