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

1261340

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

Form CP-4

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 SWD Permit #:	County: Well #: Lease Name: Well #:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	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)			
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:	Name:					
Address 1:		Address 2:						
City:		State:	Zip:	+				
Phone: ()								
Name of Party Responsible for Plu	ugging Fees:							
State of	County,	, SS.						
	(Print Name)		tor or Operator on ab					
		statements, and matters herein contained, and the						

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 ORDER Nº C 43349

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

	510-524-1225	DATE_7-9-15	20
IS AUTHORIZED BY: Bee Petroleum	(NAME OF CUSTOMER)		
Address	_ City	State	45
To Treat Well As Follows: Lease <u>Klepper</u>	Well No. 3-36	Customer Order No.	
Sec. Twp. Range	County Pawnee	State	125

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.

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

	IS COMMENCED	Well Owner or Operator By	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	45	milecse pump truck	4.0001	180.0
22	45	milease pictup	7.001	90,ª
2	1	Pump Che-se- Plug		650.
2	115	64/40 pez. 2% gel.	10,731	1,736.25
2	3	64/40 poz. 2% sel. 2% add. sel.	77.001	66.00
2	118	Bulk Charge	min.	150.
2		Bulk Truck Miles 5.21 T × 45m = 234.457m × 1.101	1.10/	757,9
		Process License Fee onGallons		
		TOTAL BILLING		2,630.15

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 Network W.

Station_G · B.

Remarks_

Dich S. Well Owner, Operator or Agent

NET 30 DAYS



ACID	& Cemen	1 25						Acid Stage No		
					Type Treatment: A	.mt.	Type Fluid	Sand Size	Pound	ls of Sand
Date	7/9/2015 0	District G.B.	F.O. 1	No. C43349	Bkdown		I			
and the second se	Bear Petroleu					Bbl./Ga	I			
Well Nam	e & No. Klepper	r 3-36					I			
Location			Field			Bbl./Ga	I			
County	Pawnee		State KS		Flush	Bbl./Ga	I			
					Treated from		ft. to	ft.	No. ft.	0
Casing:	Size4.5"	Type & Wt.		Set atft.	from		ft. to	In the It is a second to	No. ft.	0
Formation	:		Perf	to	from		ft. to	ft.	No. ft	0
Formation			Perf.	to	Actual Volume of Oil / W	ater to Load I	Hole:			Bbl./Gal.
Formation	:		Perf.	to						
Liner: Si					Pump Trucks. No. U	sed: Std.	365 Sp.		Twin	
				Conception of the second se	Auxiliary Equipment					
Tubing:					Personnel Nathan Sco	ott Jordan				-
	Perforated f	rom	ft. to	ft.	Auxiliary Tools					
					Plugging or Sealing Mate	rials: Typ	e			
Open Hole	Size	T.D	ft. P.	.B. toft.				Gals.		Ib.
Company	Representative		Dick S		Treater		Nathan	W.		
TIME	PRES	SURES	Total Fluid Pumped			REMAR	(S			
a.m./p.m.		Casing								
9:30	2"	4.5"		On Location.						
		L								
		ļ								
				Mix 10sks of gel	and 50sks 60/4	Opoz 49	"// 6gel at 1300			
				Mix 50sks at 930	' Circulated ce	ment to	surface.			
				Top off with 15s	ks.					
				Tie on annulus.	Pressure up to	200#				
				Thank You!						
				Nathan W.						
								and the second secon		