



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

KANSAS CORPORATION COMMISSION 1271393  
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 #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic  
 Water Supply Well  Other: \_\_\_\_\_  SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: \_\_\_\_\_  Gas Storage 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)  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API No. 15 - \_\_\_\_\_  
 Spot Description: \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
 \_\_\_\_\_ Feet from  North /  South Line of Section  
 \_\_\_\_\_ Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_  
 Date Well Completed: \_\_\_\_\_  
 The plugging proposal was approved on: \_\_\_\_\_ (Date)  
 by: \_\_\_\_\_ (KCC District Agent's Name)  
 Plugging Commenced: \_\_\_\_\_  
 Plugging Completed: \_\_\_\_\_

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 Plugging Fees: \_\_\_\_\_  
 State of \_\_\_\_\_ County, \_\_\_\_\_, ss.  
 \_\_\_\_\_  Employee of Operator or  Operator on above-described well,  
 (Print Name)

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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



FIELD ORDER N° C43209

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

DATE 9-9-15 9-10-15 20  

IS AUTHORIZED BY: Bee Petroleum (NAME OF CUSTOMER)  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 To Treat Well As Follows: Lease Bartone k Well No. 20-13-2 Customer Order No. \_\_\_\_\_  
 Sec. Twp. Range \_\_\_\_\_ County Pennec State ks

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 \_\_\_\_\_ By \_\_\_\_\_ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	5	milease pump truck	4. <sup>00</sup>	20. <sup>00</sup>
2	5	milease pickup	2. <sup>00</sup>	10. <sup>00</sup>
2	1	Pump Charge-Plus		650. <sup>00</sup>
2	25	60/40 per. 2% sol.	10. <sup>75</sup>	268. <sup>75</sup>
2	1	2% add. sol.	22. <sup>00</sup>	22. <sup>00</sup>
2	100 <sup>th</sup>	Hulls	40	40. <sup>00</sup>
		9-10-15		
2	1	Pump Charge-Plus		650. <sup>00</sup>
2	240	60/40 per. 2% sol.	10. <sup>75</sup>	2,580. <sup>00</sup>
2	5	2% add. sol.	22. <sup>00</sup>	110. <sup>00</sup>
2	271	Bulk Charge	1. <sup>25</sup>	338. <sup>75</sup>
2		Bulk Truck Miles 12.14 T x 5m = 60.7 Tm x 1. <sup>19</sup>	min.	150. <sup>00</sup>
Process License Fee on _____ Gallons				
<b>TOTAL BILLING</b>				<b>4,839.<sup>50</sup></b>

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 Notman W.

Station G.O.

Dick S.  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**



**TREATMENT REPORT**

Acid Stage No. \_\_\_\_\_

Date 9/10/2015 District G.B. F.O. No. C43209  
 Company Bear Petroleum  
 Well Name & No. Bartonek 20-13-2  
 Location \_\_\_\_\_ Field \_\_\_\_\_  
 County Pawnee State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand  
 Bkdown \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 Flush \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_

Casing: Size 5.5" Type & Wt. \_\_\_\_\_ Set at \_\_\_\_\_ ft.  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Liner: Size \_\_\_\_\_ Type & Wt. \_\_\_\_\_ Top at \_\_\_\_\_ ft. Bottom at \_\_\_\_\_ ft.  
 Cemented:  Yes  No Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Tubing: Size & Wt. \_\_\_\_\_ Swung at \_\_\_\_\_ ft.  
 Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Open Hole Size \_\_\_\_\_ T.D. \_\_\_\_\_ ft. P.B. to \_\_\_\_\_ ft.

Treated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole: \_\_\_\_\_ Bbl./Gal.

Pump Trucks. No. Used: Std. 365 Sp. \_\_\_\_\_ Twin \_\_\_\_\_  
 Auxiliary Equipment 145/265 360/310  
 Personnel Nathan Jordan Scott Brqndon  
 Auxiliary Tools \_\_\_\_\_  
 Plugging or Sealing Materials: Type \_\_\_\_\_ Gals. \_\_\_\_\_ lb.

Company Representative Dick S. Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
2:30		5.5"		9/9/15 On Location. Well had tubing head on casing. Attempt to break head loose. Would not come loose. Got torch from Wade and cut head loose.
				Tie on 5.5" casing. Pump 20bbbls of water and 25sk 60/40poz 4%gel with 100# Hulls.
				Displace to 4050' at 1bpm-2500#
				9/10/2015
				Perf-1354' Mix 30sk 60/40poz 4%gel and displace to 1200' Wait 1 hour and did not tag plug. Mix 50sk and tag at 1300'
				Perf-519' Break circulation with water. Mix 160sk 60/40poz 4%gel. Circulated cement to surface.
				Thank You!
				Nathan W.