



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

KANSAS CORPORATION COMMISSION 1271400
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^o C43208

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

DATE 9-9-15
9-10-15 20

IS AUTHORIZED BY: Bec Petroleum (NAME OF CUSTOMER)
Address _____ City _____ State _____
To Treat Well As Follows: Lease Dick Well No. PA Customer Order No. _____
Sec. Twp. Range _____ County Pownee 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

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
		9-9-15		
2	40	mileage pump truck	4. ⁰⁰ / ₁₀₀	160. ⁰⁰ / ₁₀₀
2	40	mileage pickup	2. ⁰⁰ / ₁₀₀	80. ⁰⁰ / ₁₀₀
2	1	Pump Charge - misc.		650. ⁰⁰ / ₁₀₀
2	30	60/40 per. 2% sol.	10. ⁷⁵ / ₁₀₀	322. ⁵⁰ / ₁₀₀
2	1	2% add. sol.		22. ⁰⁰ / ₁₀₀
		9-10-15		
2	40	mileage pump truck	4. ⁰⁰ / ₁₀₀	160. ⁰⁰ / ₁₀₀
2	40	mileage pickup	2. ⁰⁰ / ₁₀₀	80. ⁰⁰ / ₁₀₀
2	1	Pump Charge - Plus		650. ⁰⁰ / ₁₀₀
2	240	60/40 per. 2% sol.	10. ⁷⁵ / ₁₀₀	2,580. ⁰⁰ / ₁₀₀
2	5	2% add. sol.	22. ⁰⁰ / ₁₀₀	110. ⁰⁰ / ₁₀₀
2	100 ⁴¹	Hulls	.40	40. ⁰⁰ / ₁₀₀
2	277	Bulk Charge	1. ²⁵ / ₁₀₀	346. ⁷⁵ / ₁₀₀
2		Bulk Truck Miles 12.37 T x 40m = 494.8 Tm x 1. ¹⁰ / ₁₀₀	1. ¹⁰ / ₁₀₀	544. ⁷⁴ / ₁₀₀
		Process License Fee on _____ Gallons		
		TOTAL BILLING		5,745.⁰³/₁₀₀

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 Nathan W.

Station G.B.

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. C43208
 Company Bear Petroleum
 Well Name & No. Dick PA
 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 4.5" 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 Scott Jordan Brandon
 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		
11:00		4.5"		9/9/15 On Location.
				Take inj rate at 2bpm-200#
				Mix 30sks 60/40poz 4%gel with 100# Hulls.
				Displace to 2200' at 2bpm-100# Pressure increased to 250#
				Shut in.
				9/10/2015
2:45		4.5"		On Location.
				Perf- 1337'
				Mix 40sks 60/40poz 4%gel and displace to 1100'
				Wait 1 hour and tag plug at 1230'
				Perf-538'
				Break circulation with water. Mix 200sks 60/40poz 4%gel. Circulated
4:45				cement to surface.
				Thank You!
				Nathan W.