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

1272272

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:	
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 #: Is ACO-1 filed? Yes No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Plug

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Formation Content		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 harain 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 № C 43296 ORDER

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

		DATE 11-3-15	20
IS AUTHORIZED BY: Been Petroleum	(NAME OF CUSTOMER)		
Address	City		State
To Treat Well As Follows: Lease Bartone K	Well No. Owwo	LI Customer Orc	der No
Sec. Twp. Range	County Pennee		State ±s

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.

W-11 0

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 of Operator	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	20	milease pump truck	4.001	\$0.°°
2	20	mikese pictup	2.001	40.04
				4.4.0 00
2	1	Pump Charse - Plus		650. 4
			75/	. 75/
2	425	140 poz- 2% yel.	10.	4,568.75/
22	8	69/40 poz- 2% gel. 2% add. gel.	77.001	176.001
2	10	Gel on side	27. ^{0e/}	220.001
2	443	Bulk Charge	1.25/	553,751
2		Bulk Truck Miles 19. 67 × 20-392 T=×1.	1. 10/	553, (31 431, 29
		Process License Fee onGallons		
		TOTAL BILLING		6,719,70/

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 Note W,

Station (

Vell Owner, Operator or Agent

_ By_

Remarks

NET 30 DAYS



TREATMENT REPORT

Acid	& Cémen	t 🗟						Acid Stage No).	
					Type Treatment:	Amt	Type Fluid	Sand Size	Poup	ls of Sand
Data	1/3/2015	District G B	F.O. M	C43296	Bkdown		туре пан			is of Janu
Participant in	Bear Petroleu		F.O. I	40. <u>C43230</u>	BRUOWII		-			
	e & No. Bartone									
Location	e a No. Dartona		Field							
	Pawnee		State KS		Flush					
		grand, production and		and the second			ft. to		No. ft.	0
Casiaa	Cine / 5"	Tune 8 14/4		Cot at ft	Treated from		ft. to		No. ft.	0
Casing: Formation				Set atftft.	from		ft. to		No. ft.	0
										cale the subplicit solution
Formation			Perf.		Actual Volume of Oil	/ Water to Load H	ole:			Bbl./Gal.
Formation			Perf.	to						
	press and a second s				Pump Trucks. No				Twin	
					Auxiliary Equipment			0/310		
Tubing:					Personnel Nathan	Scott Brandon	1			-
	Perforated f	rom	ft. to	ft.	Auxiliary Tools					
					Plugging or Sealing M	laterials: Type				
Open Hole	Size	T.D.	ft. P.	.B. toft.				Gals.		Ib.
Company	Representative		Dick S		Treater		Nathan	W.		
TIME	PRES	SURES	Total Fluid Pumped			REMARKS	5			
a.m./p.m.	Tubing	Casing	rotar ruid rumped							
1:30		4.5"		On Location.	-					
				Set CIBP at 4130	' with 2sks of	cement.				
				Perf at 1300'						
				Break circulation	with water.	and a second				
		1		Mix 10sks of gel	and 425sks 6	0/40poz 4	%gel			
				Circulated ceme						
				circulated certici	in to surface.					
		ļ		These le Maryl	un er en					
		 		Thank You!						
		ļ		Nathan W.						
		1			ana da da internetaria da anteriore					
						a and the second se				
					and a second second second second					
		1								