

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

1324040

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. 1	5				
Name:			Spot Description:					
Address 1:				Sec T	wp S. R East Wes			
Address 2:				Feet from	North / South Line of Section			
City:	Zip:+		Feet from East / West Line of Sect					
Contact Person:			Footages	Calculated from Neare	est Outside Section Corner:			
Phone: ()				NE NW	SE SW			
Type of Well: (Check one)			ic County: _					
Water Supply Well	Other:	SWD Permit #:	I					
ENHR Permit #:	Gas Sto	orage Permit #:	Date Wel	I Completed:				
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes	A.		roved on: (Date			
Producing Formation(s): List A		r sheet)	by:		(KCC District Agent's Name			
Depth to	•	m: T.D	l Plugging	Commenced:				
Depth to	o Top: Botto	m: T.D	""					
Depth to	o Top: Botto	m:T.D						
Show depth and thickness of		ations.						
Oil, Gas or Water				g Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
cement or other plugs were us	. 00		•		ids used in introducing it into the hole.			
Plugging Contractor License #:				ame:				
Address 1:			Address 2:					
City:			State:		Zin			
			Glate					
Phone: ()					+			
, ,					+			
Phone: () Name of Party Responsible fo	or Plugging Fees:				+			

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.

(Print Name)



IS AUTHORIZED BY: Bear Petroleum (NAME OF CUSTOMER)

FIELD ORDER Nº C 44191

			(NAME OF C	USTOMER)			10	
Address			city Haysville					
To Treat Well As Follows:	Lease	ylor	Well No.	B-2	_ Customer C	Order No		
Sec. Twp. Range			County _	Stevens		_ State _	KS	
not to be held li implied, and no treatment is pay our invoicing de	iable for any dar representations yable. There will epartment in acc	consideration hereof it is agreed that Cope mage that may accrue in connection with s have been relied on, as to what may be the no discount allowed subsequent to sucordance with latest published price schedulinimself to be duly authorized to sign this	aid service ne results on th date. 6% nles.	or treatment. Copeland Ac r effect of the servicing or tr interest will be charged aft	id Service has eating said we	made no repr II. The consid	esentation, expressed of eration of said service of	
	JST BE SIGNED IS COMMENCED			By				
		Well Owner or 0	Operator			Agent	T	
CODE	QUANTITY		DESCRI			UNIT COST	AMOUNT	
2	90	Mileage Pump Truc Pump Charge	k			400	36000	
2		Pump Charge				650W	65000	
2	450	60/40/2%				1075	483750	
2	9	0 1				2200	198w	
2	459	Bulk Charge				125	57335	
2	90	Bulk Truck Miles 40,392-20	(D) = 20	0.196 ×90= 1817	1.64	114	1999:40	
		Process License Fee on_						
				TOTAL	BILLING		8618.65	
manner	under the dire	e material has been accepted and ection, supervision and control of the Dordon Harrison Herein Bend	used; the	r, operator or his agen	ras performe t, whose sig	nature app	d and workmanlike ears below.	
Remarks			NET 30	DAYS				



Company Bear Petroleum Well Name & No. Taylor B-2

Stevens

Size ___ 5 1/2 ___ Type & Wt. _

Type & Wt.

Perforated from

Cemented: Yes Perforated from

Location

County

Casing:

Formation:

Formation:

Formation:

Liner: Size

Tubing: Size & Wt.

Date 11/15/2016 District Great Bend F.O. No. 44191

Field

State KS

Perf.

Perf.

Perf.

Swung at

ft. to

Top at

__to ___

to

ft. Bottom at

_ft. to ___

TREATMENT REPORT

			Acid Stage No). 			
Amt.	Тур	e Fluid	Sand Size	Pound	s of Sar		
Bbl./Gal.							
Bbl./Gal.							
	ft. to		ft.	No. ft.	0		
	ft. to		ft.	No. ft.	0		
	ft. to		ft.	No. ft.	0		
Vater to Load Ho	ole:				Bbl./		
Jsed: Std.	320	Sp		Twin			
	360/310						
Personnel Mike, Aaron							
	T05.00 1.00 1.00 1.00						
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal.	Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. ft. to ft. to ft. to State of the	Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. ft. to ft. to ft. to State to Load Hole: Used: Std. 320 Sp. 360	Amt. Type Fluid Sand Size Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. ft. to ft. ft. to ft. Vater to Load Hole: Jsed: Std. 320 Sp. 360/310	Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. ft. to ft. No. ft. ft. to ft. No. ft. Vater to Load Hole: Jsed: Std. 320 Sp. Twin 360/310		

lb.

Open Hole S	ize	T.D	ft. P.	.B. toft.			Galslb.	
Company Re	anrecentative		Dick Schrei	mmer	Treater	Jordan Harrison	1	
Company Representative TIME PRESSURES			1					
TIME a.m./p.m.	Tubing	Casing	Total Fluid Pumped	REMARKS				
13:30				On Location				
16:15				Tie onto casing a	nd pump 450 sk	ks 60/40/4% gel		
				Circulate from ce	ment 1856 feet	t		
17:30		<u> </u>	-	Job Complete				
			 					
		 						
			-					
		 	-					
			 					
					p			
\vdash								
-								
				L				