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** 

1324508

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. 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 Permit #:  SWD Permit #:  SWD Permit #:    ENHR Permit #:  Gas Storage Permit #:  Gas Storage Permit #:  SWD Permit #:  SWD 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)	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: 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:	
Address 1:	Address 2:	
City:	State:	Zip: +
Phone: ( )		
Name of Party Responsible for Plugging Fees:		
State of County,	, SS.	
(Print Name)	Employee of Operator or	r Operator on above-described well,

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.



## FIELD ORDER Nº C 44409

BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225 DATE 11-2.7

	510-5/	24-1225 DATE	11-23	20/10
IS AUTHORIZED BY: BEAR	Petroleum	100-000	11	20 <u></u> p
Address	City		State	
To Treat Well As Follows: Lease DOWNY	A Well N	Io/	_ Customer Order No	
Sec. Twp. 31-275-28W	Count	Stevens	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

BEFORE WORK	IS COMMENCED	0 By By	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	50	MileAge PICKUD	2.00	100.00
2	50	MileAge PUMPTRUCK	4.00	200.00
2	/	PUMp Cha.	650,00	650,00
2	50	Mileage Pickyp (11-28-16)	2,00	100,00
2	50	Milenge PUMPTRUCK (11-28-16)	4.00	200.00
2	1	Pump Chg (11-28-16)	650.00	650.00
2	6455%	60-40 Poz 490 Gel ADA Gel	10.75	6933.75
2	11 5X	ADAGel	22.00	241.00
				-
2	667	Bulk Charge	1.15	833.75
2	50	Bulk Truck Miles 28.057= 1402.85 × 1.10 =		1543.14
		Process License Fee onGallons		
а.)		TOTAL BILLING		11452.64

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 DUANC, BROZCK Station Gr. BRAID

DICK SCHREMMER

Remarks\_

NET 30 DAYS



## TREATMENT REPORT

Acid	& Cemen	t 🕰								Acid Stage	e No.		
					Type Treatment:	Amt.		Tvp	e Fluid	Sand Si	ze	Pound	s of Sand
Date 11/23/2015 District GREAT BEND KS. F.O. No. 44409			Bkdown										
and the second sec	BEAR PETROL												and a state
	e & No. DOWDY												
Location 31-33S-38W Field				1	Bł								
County STEVENS ST KANSAS				Flush									
					Treated from						t	lo. ft.	0
Casing:	Size 5 1/2	Type & Wt		Set atft.						and the second s		No. ft.	
Formation			Perf.									No. ft.	0
					Actual Volume of O	and the second					and the second		Bbl./Gal.
Formation		tere and a the species growth and a solution		to	Actual volume of O	m / water to i							BDI./Gal.
Formation	the second se			to				220			_		
					Pump Trucks.							Twin	
					Auxiliary Equipment 367-308T								
Tubing:						E GREG AP	RON						- 11
	Perforated fr	rom	ft. to	π.	#NAME?								
					Plugging or Sealing	Materials:	Type						
Open Hole	Size	T.D.	ft. P	.B. toft.	1					G	als.		lb.
Company	Representative				Treater				DUAN	5			
TIME	PRES	SURES	Total Fluid Pumped			RF	MARKS						
a.m./p.m.	Tubing	Casing	Total Huid Pumped				Training .						
1145AN				ON LOC									
				PSI CSG TO 300									
				PERFORATE AT 1	.776'								
				DIG BREADEN HI	AD OUT								
				BREAK CIR									
			0	MIX 490SX 60-40	) POZ 4% GE	L							
			125BBLS	DID NOT CIR CM									
220014			1250005	DONE FOR THE D									
230PM				11/28/2016									
				ON LOC									
100PM			40.0010			DOMAN							
			19 BBLS	MIX 75SX 60-40									
			21.40 BBLS	MIX 80SX 60-40	POZ 4% GEL	DOWN	CSG						
230PM				JOB COMPLETE									
			1										
			ļ										
			1.57										
				94.D									