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

1359776

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

Spot Description: Spot	OPERATOR: License #:			AP	l No. 15					
State Zip Feet from North / South Line of Section Street Feet from Street Feet from Street Feet from Street Feet Feet Feet Feet Feet Feet Feet				I						
City:	Address 1:			_	Sec	c Twp S.	R East West			
Contact Person: Fhone (Address 2:			_	Fe	eet from North	/ South Line of Section			
Phone (City:	State:	Zip: +	_						
Type of Wellt; (Check one)	Contact Person:			Foo						
Water Supply Well Other: Gas Storage Permit #: Lease Name: Well #: Lease Name: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (MCC District Agent's Name) Producing Formation (s): List All (if needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Depth to Top: Depth to Top: Depth to Top: Bottom: T.D. Depth to Top:	Phone: ()				NE	NW SE	sw			
Water Supply Well Other:	Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic Co	untv. —					
ENIR Permit #:	Water Supply Well	Other:	SWD Permit #:		•					
As ACC-1 filed?	ENHR Permit #:	Gas Sto	orage Permit #:							
Depth to Top:	Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes		•					
Depth to Top:	Producing Formation(s): List /	All (If needed attach anothe	r sheet)	by:			_(KCC District Agent's Name)			
Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Size Setting Depth Pulled Out 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 zeroent 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: Zip: +	Depth to	o Top: Botto	om: T.D							
Show depth and thickness of all water, oil and gas formations. Oif, 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 sement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #: Address 1: Address 2: City: State: Zip: + Name: Name of Party Responsible for Plugging Fees: State of County, , ss.	Depth to	o Top: Botto	om: T.D							
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 zement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #: Address 1: Address 2: City: State: Zip: + Phone: () Name of Party Responsible for Plugging Fees: State of County,, ss.	Depth to	o Top: Botto	om:T.D		gging Completed.					
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 zement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #: Address 1: Address 2: City: State: Zip: + Phone: () Name of Party Responsible for Plugging Fees: State of County,, ss.										
Formation Content Casing Size Setting Depth Pulled Out	Show depth and thickness of	all water, oil and gas form	ations.							
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Plugging Contractor License #: Name:	Formation	Content	Casing	Size	Setting Dep	oth Pulled O	ut			
Plugging Contractor License #: Name:										
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Address 1: Address 2:	cement or other plugs were u	sed, state the character of	same depth placed from (bot	trom), to (top) i	or each plug set.					
City:										
Phone: ()	Address 1:			Address 2:						
Name of Party Responsible for Plugging Fees:	City:			Sta	te:	Zip:	+			
State of, ss.	Phone: ()									
	Name of Party Responsible for	or Plugging Fees:								
	State of	County, _		, s	S.					
		•			_	. 🗆 -				

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)



FIELD ORDER Nº C 45130

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

			316-524-122	25	TE 6-6		17
	- 1	D 0 1 1	4 1	DA	TE 0 0		20/7
IS AUTHOR	IZED BY:	BEAR Petroleum	1 LhC (NAME OF CUSTO	DMER)			
Address			_ City			State	
To Treat We As Follows:	Lease H	ixsoN C	_ Well No	2	Customer	Order No	
Sec. Twp. Range	11-12	5-23W	_ County	Rego		_ State _/	Ks.
not to be held implied, and no treatment is pa our invoicing d	liable for any da prepresentation syable. There wi epartment in ac-	e consideration hereof it is agreed that Co amage that may accrue in connection with is have been relied on, as to what may be ill be no discount allowed subsequent to s cordance with latest published price sche is himself to be duly authorized to sign thi	n said service or tr the results or effe such date. 6% inte	reatment. Copela ect of the servicing erest will be charge	nd Acid Service has g or treating said we	made no repre	esentation, expressed of eration of said service of
	UST BE SIGNED (IS COMMENCE!		Operator		Ву	A	
	T		Operator			Agent	
CODE	QUANTITY	D 40	DESCRIPTIO	DN		UNIT	AMOUNT
2	60 mi	PICKUA MIJEA	ge			2.00	120.00
2	Wori	MileAGE PUMP	TRUCT	<u> </u>		4,00	240.00
2	/	PUMP Chg.	PTA.			650.00	650.00
2	60 m	MileAge Pick	MA	6-7-	-17	2.00	120,00
2	60 mi	Mileage Fump	TRUCK	6-7-	17	4.00	240.00
2	1	Pump Chg.		6-7-	17	650.00	650.00
2	3695x	60-40 Poz 480	Sel	6-7-	17	10.75	3966.75
2	75X	ADDGel		6-7-1	7	22.00	154.00
2	45016s	Hulls		6-7-1	7	,40	180.00
2	376	Bulk Charge				1.15	470.00
2	60	Bulk Truck Miles 16.70 = 10	02.00 x	1.10 =			1102,20
		Process License Fee or		Gallon	s		,
				TOTA	AL BILLING		7392.95
manner (under the dire	e material has been accepted and ection, supervision and control of ve Duawe	d used; that th the owner, op	e above service erator or his a	e was performe gent, whose sig	d in a good nature appe	and workmanlike ars below.
Station_(J. Be	2 Nd, K5.		Dick	SCIA e Well Owner, Operator	MMCR r or Agent	· · · · · · · · · · · · · · · · · · ·
Remarks							

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date District District Company CA	Perf. Perf. Top at 25 7 ft	Set at 3.798 rt. 705 to 3742 to to Bottom at 7005 ft. 11. to 12.77 ft.	Bbl. /Gal. Bbl. /Gal. Bbl. /Gal. Bbl. /Gal. Flush Form. from. Actual Volume of Oil /Water to Load Pump Trucks. No. Used: Std. 3 (Auxiliary Equipment 3 (Pucker: Auxiliary Tools Plugging or Sealing Materials: Type	Type Fluid Sand Size Pounds of Sand to ft. No. ft. to ft. No. ft. to ft. No. ft. d Hole: Bbl. /Gal Cals. In.
Company Representative			Treater DUANC	
TIME PRESSURES a.m/p.m. Tubing Casing	Total Fluid Pumped		REMARE	C 8
915: 145: 1040: 310: 310: 340: ::	19.10 19.10 3.5 BOKS	DENZERAL DENZERAL DENZERAL DENZERAL DENZERAL PERE 22 DONE PER RUGE ZONE FINIS ZON	The DAY The	04 t of hele 250' - 178' It CHE (2.3205' 60-40 for 4906e) Surface With Gel Pulled



Remarks

FIELD ORDER Nº C 45328

BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225 (NAME OF CUSTOMER) Address _ City_ To Treat Well As Follows: Lease Well No. Customer Order No. Sec. Twp. Range County 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 Agent UNIT CODE QUANTITY DESCRIPTION **AMOUNT Bulk Charge Bulk Truck Miles** Process License Fee on Gallons **TOTAL BILLING** 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 Station

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

					Type Treatment:		Type Fluid		Pound	ds of Sand			
Date 6/20/2017 District GREAT BEND KS. F.O. No. 45328 Company BEAR PETRO				Bkdown Bbl./Gal.									
				Bbl./Gal									
Well Nam	e & No. HIXSON												
Location				Bbl./Gal									
County TREGO ST KANSAS					Flush	Bbl./Gal.							
		WILLIAM TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE			Treated from		ft. to	ft.	No. ft.	0			
Casing:	Size	Type & Wt.		Set atft.	from		ft. to	ft.	No. ft.	0			
Formation				to	from		ft. to	ft.	No. ft.	0			
Formation				to	Actual Volume of Oil					Bbl./Gal.			
Formation		147		toft.	Ourse Trucks No	Unadi Stal	220 55		Turin				
		A Particular State of the State			ft. Pump Trucks. No. Used: Std. 320 Sp. Twin								
					tt. Auxiliary Equipment								
Tubing:			Swung at	The state of the s		ARON				_			
	Perforated fi	rom	ft. to	ft.	#NAME?								
					Plugging or Sealing M	aterials: Type							
Open Hole	Size	T.D	ft. P	B. toft.				Gals.	Galslb.				
						· · · · · · · · · · · · · · · · · · ·							
Company	Representative		DICK S		Treater		GREG		1				
TIME		SURES											
a.m./p.m.		Casing	Total Fluid Pumped			REMARKS							

						-							
1:00													
				TOP OFF HIXSON	I C-2 WITH 15	SKS 60/40	4% GEL						
				THANK YOU!!!									
				111741411 100111									
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							A						
			-										
			 										