

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

KANSAS CORPORATION COMMISSION 1359776
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

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



FIELD ORDER N^o C 45130

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

DATE 6-6 2017

IS AUTHORIZED BY: BEAR Petroleum LLC
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease HIXSON C Well No. 2 Customer Order No. _____

Sec. Twp. Range 11-12S-23W County Trego 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
2	60 mi	PICKUP Mileage	2.00	120.00
2	60 mi	Mileage PUMP TRUCK	4.00	240.00
2	1	PUMP Chg. P.T.A.	650.00	650.00
2	60 mi	Mileage Pickup 6-7-17	2.00	120.00
2	60 mi	Mileage PUMP TRUCK 6-7-17	4.00	240.00
2	1	Pump Chg. 6-7-17	650.00	650.00
2	369 sx	60-40 Poz 4% Gel 6-7-17	10.75	3966.75
2	7 sx	ADD Gel 6-7-17	22.00	154.00
2	450 lbs	Hulls 6-7-17	.40	180.00
2	376	Bulk Charge	1.25	470.00
2	60	Bulk Truck Miles 16.70 = 1002.00 x 1.10 =		1102.20
		Process License Fee on _____ Gallons		
		TOTAL BILLING		7392.95

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 Duane

Station Gt. Bend, Ks.

Dick Schlemmer
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

TREATMENT REPORT

Acid Stage No.

Date 6-6-17 District Gr. Bead F. O. No. 45130
 Company BEAR PETROLEUM LLC
 Well Name & No. HIXSON C-2
 Location 11-125-23W Field
 County TREGO State KS

Casing: Size 5 1/8" Type & Wt. Set at 3798'
 Formation: KANSAS CITY Perf. 2705' to 3743'
 Formation: Perf. to
 Formation: Perf. to
 Liner: Size 3 1/2" Type & Wt. Top at 3997' Bottom at 4005'
 Cemented: Yes/No. Perforated from ft. to ft.
 Tubing: Size & Wt. 2 3/8" Swung at 3897' ft.
 Perforated from ft. to ft.

Open Hole Size T.D. ft. P.B. to ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand

Bkdown Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.

Flush Bbl./Gal.

Treated from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 from ft. to ft. No. ft.

Actual Volume of Oil/Water to Load Hole: Bbl./Gal.

Pump Trucks No. Used: Std. 310 Sp. Twin

Auxiliary Equipment 360-310T
 Packer: Duane Greg Aron Set at ft.
 Auxiliary Tools

Plugging or Sealing Materials: Type

Company Representative

Treater Duane

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
9:15				DNLOC
9:45			19.10	1st Plug @ 3897' w/ 755x 60-40 P02 4906e1 350# HILLS
4:15				Done for the Day
10:40				6-7-17 DNLOC
				Full tubing tubing out of hole
				Perf 2450' - 1975' + 1050' - 178'
				Done PERFORATING
				Real tubing in hole. Hit CMC @ 3225'
3:35			19.10	2nd Plug @ 3205 w/ 755x 60-40 P02 4906e1 300# HILLS
3:10			19.10	3rd Plug @ 2225 w/ 755x 60-40 P02 4906e1
3:40			3.5 BBS	4th Plug @ 1405 CIR TO SURFACE WITH 1375x 60-40 P02 4906e1
				Pull tubing tubing pulled
			1/2	TOP OF 4 1/2" CSE
4:40				FINI AMN. JOB COMPLETE
				THANK YOU



FIELD ORDER N° C 45328

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

DATE 6-20 20 17

IS AUTHORIZED BY: Bea Petro
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Hixson Well No. C2 Customer Order No. _____

Sec. Twp. Range _____ County Trego 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
2	15	Top off Hixson C-2 Sacks 60/40 2 2/3 Gel	1075	161 ²⁵
		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 Greg C
Station 6B

Drek S.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

