

**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

**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° C 46262

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

DATE 1-25 2018

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease Footle Well No. 1 Customer Order No. \_\_\_\_\_

Sec. Twp. Range 7-20s-9w County Rice 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 \_\_\_\_\_ By \_\_\_\_\_ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
		<del>1165118</del>		
2	20	Mileage PICKUP	2.00	40.00
2	20	Mileage PUMP TRUCK	4.00	80.00
2	1	Pump Chg P.T.A	650.00	650.00
2	70	Common	12. <sup>75</sup>	892.50
2	4	Calcium Chloride	30. <sup>00</sup>	120.00
		<del>1165118</del>		
2	20	mileage pump truck	4. <sup>00</sup>	80.00
2	20	mileage pickup	2. <sup>00</sup>	40.00
2	1	Pump Chase - Plus		650.00
2	35	Common	12. <sup>75</sup>	446.25
2	185	3/4 per. 2% sol.	10. <sup>75</sup>	1,988.75
2	4	2% additional sol.	22. <sup>00</sup>	88.00
2	2	Calcium Chloride	30. <sup>00</sup>	60.00
2	300	Bulk Charge	1. <sup>25</sup>	375.00
2		Bulk Truck Miles 13.437 x 20 = 268.67 x 1. <sup>10</sup>	1. <sup>10</sup>	295.46
		Process License Fee on _____ Gallons		5,805.96
		<b>TOTAL BILLING</b>		

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 Brozet

Station Gr. Bena, Ks

DICK SCHREMMER  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**



**TREATMENT REPORT**

Acid Stage No. \_\_\_\_\_

Date 1/25/2018 District G.B. F.O. No. C46262

Company Bear Petroleum LLC

Well Name & No. Foote #1

Location \_\_\_\_\_ Field \_\_\_\_\_

County Rice State KS

---

Casing: Size 5.5" Type & Wt. \_\_\_\_\_ Set at \_\_\_\_\_ ft.

Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_

Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_

Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_

Liner: Size \_\_\_\_\_ Type & Wt. \_\_\_\_\_ Top at \_\_\_\_\_ ft. Bottom at \_\_\_\_\_ ft.

Cemented:  Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Tubing: Size & Wt. 2.5" Swung at \_\_\_\_\_ 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. 0

from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0

from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0

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

Pump Trucks. No. Used: Std. 365 Sp. \_\_\_\_\_ Twin \_\_\_\_\_

Auxiliary Equipment 360/310

Personnel Nathan-Duane-Greg-Mike-James

Auxiliary Tools \_\_\_\_\_

Plugging or Sealing Materials: Type \_\_\_\_\_ Gals. \_\_\_\_\_ lb.

Company Representative Dick S. Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
2:45	2.5"	5.5"	25-Jan	On Location.
				Break circulation with water.
				Mix 35sks Common 3% Calcium Chloride at 1250'
				Wait 1.5 hours. Did not tag plug.
				Mix 35sks at 1250'
				Pull tubing and shut down.
9:30	2.5"	5.5"	26-Jan	On Location. Tag plug at 1110'
				Mix 35sks Common 3% Calcium Chloride at 900'
				Mix 170sks 60/40poz 4%gel at 250' Circulated cement out casing and surface.
12:30				Top off with 15sks.
				Thank You!
				Nathan W.