KOLAR Document ID: 1405214

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 #:	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 #:	County: Well #: Lease Name: Well #: Date Well Completed:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	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 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.

Submitted Electronically



FIELD ORDER Nº C 45026

Agent

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

220	DATE Jaw	2 Go Feb	2	_ 20	18	

By_

IS AUTHORIZED BY: BEAR PET	(NAME OF CUSTOMER)	
Address	City	State
To Treat Well As Follows: Lease New Men Evens	Well NoA_3 Custome	r Order No
Sec. Twp. Range <u>23</u> Twp 31 & 5E	County Cowley	State

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.

Wall Owner or Operator

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

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THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED_

			Ayent	
CODE	QUANTITY	N24/15 DESCRIPTION	UNIT COST	AMOUNT
	>	Pinp chys for Ply Job		650~
	355 al	60-40-22 Poz 015/ sale		376 25
	Samly	I way milige 4 mile		356=
				21
		2/2/14		
	\ \	Purp days for ply job		650 er
	118 sal	80-40-22 foz 10 4 seek.		1268 =
		· · · · · · · · · · · · · · · · · · ·		
	1533ast	Bulk Charge 127 speek		19125
	585 57	Bulk Truck Miles		644 -
		Process License Fee onGallons		
		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 Re	presentative	14/			
Station	Byeero	V			
Remarks	Plus our	2-2-18@	9:50 Am	Well Owner, Operator or Agent	
	2	N	ET 30 DAYS		



TREATMENT REPORT

Acid Stage No. PJ

	L Í	0			Type Treatment: Amt.	Type Fluid	Sand Size Pounds of Sand
Date V 255	30-15 DI	istrict 1542		D. No	BkdownBbl. /Ga		
Company.	Sein Ver	٢	02		Bbl. /Ga		
					Flush		
County			State		Treated from		
Casing: Size.	27/8	Type & Wt.		Set atft.			
		Type a within	Perf.	to			ft. No. ft
				to			
				to	Actual Volume of Oll/Water to	Load Hole:	Bbl. /Gal
				. Bottom atft.	Pump Trucks. No. Used: Std		
Cer	mented: Yes/No.	Perforated fro	om	.ft. toft.	Auxiliary Equipment Bulk	322 TT	131
Tubing: Size	& W1		Swung at	ft.	Packer:		
Pe	rforated from		ft. to		Auxiliary Tools	05-1101	44 42
					Plugging or Sealing Materials: 7	ype 355 rely 600	10-200
Own Hole Si	ze	. T .D.		B. toft.	Λ		
						2	
Company	Representativ				_ Treater		
TIME a.m /p.m.	Tubing	Casing	Total Fluid Pumped		REMA	RRS	
. 1 . 1			1	O L STEK) Ring Tix 0	95 0	
A3213	10:15		0	On low JSK Stort Water		2 'd'2 Com	^
· · · ·		39	18810	Tub Can	loaded Run 12 BPM	not C 201th	á l
•	+	350	4 BBILL	5 Start mit		5.5 901	a shappa
:		230	A BBL	5.9 3/480	2 Rem C 502		e stanny
:			JABI.		and wish no xor	down hole	
:	+		10 BB1-		100 recentre Solo	/	~ Voe, shut
:				- di Ils-ni	rese down clem	mo best loc.	
:						1	
2/2/16	8						
9:10				On loc Je	SH Kin no to	ply usell	
:			0	The on dia	1 Stept Water	10	
:	L		3836	Broke Cir		dons	01
:			0	Stort Mix		c. 5,8 cate	STURR
9:56			21BBb	01	and good cen	t or both	3ides V
				Shurt wel	ale with the	Tene clowns	
				FINJORT	-1.35		•****
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