KOLAR Document ID: 1413182

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 #: 4419
Name: Bear Petroleum, LLC
Address 1: PO BOX 438
Address 2:
City: HAYSVILLE State: KS Zip: 67060 + 0438
Contact Person: R. A. (Dick) Schremmer
Phone: (316) 524-1225

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)*
Mississippi Depth to Top: 3302 Bottom: 3314 T.D. 3500
Depth to Top: Bottom: T.D.
Depth to Top: Bottom: T.D.

API No. 15 - 15-173-20613-00-00
Spot Description:
W2 - NE - NW - NE Sec. 13 Twp. 29 S. R. 1 ☐ East ☑ West
330 Feet from ☑ North / ☐ South Line of Section
1830 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☑ NE ☐ NW ☐ SE ☐ SW
County: Sedgwick
Lease Name: LOVE D Well #: 4
Date Well Completed:
The plugging proposal was approved on: *(Date)*
by: *(KCC **District** Agent's Name)*
Plugging Commenced: 06/05/2018
Plugging Completed: 06/07/2018

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
		Surface	8.625	211	0
		Production	4.5	3499	0

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.

Lay well down. Set CIBP @ 3250'. Dump bailed 2 sax cement on top of plug. Perforate 300-301'. Tie on to 4 1/2" casing and pump 110 sax 60/40 poz 4% gel. Job complete.
Total cement - 112 sax

Plugging Contractor License #: 3004 Name: Gressel Oilfield Service, LLC
Address 1: PO BOX 438 Address 2:
City: HAYSVILLE State: KS Zip: 67060 + _ _ _ _
Phone: (316) 524-1225
Name of Party Responsible for Plugging Fees: Bear Petroleum LLC
State of Kansas County, Sedgwick , ss.
R. A. (Dick) Schremmer ☑ 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

COPELAND
Acid & Cement

FIELD ORDER № C 46404

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

DATE June 7 20 18

IS AUTHORIZED BY: Bear Pet
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Love D Well No. 4 Customer Order No. _____

Sec. Twp. Range _____ County Sedgwick 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 _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	Pump chg To plug well		650.00
	110 Sack	60-40-4% Poz @ 11.25/sack		1237.50
	100#	Hulls @ 40¢/Lb.		40.00
	40 mile	Luxy pump truck @ 4.00/mile		160.00
	110 Sack	Bulk Charge @ 1.25/sack Min chg		150.00
	193 G	Bulk Truck Miles @ 1.10/ton mile		212.96
		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 M

Station Burrton

_____
Well Owner, Operator or Agent

Remarks Plug out 11:25

NET 30 DAYS

COPELAND Acid & Cement

TREATMENT REPORT

Acid Stage No. PJ

Date 6-7-18 District Bunker F. O. No.
Company Bear Pet
Well Name & No. Love D #4
Location Field
County Sedgwick State Ks

Casing: Size 4½ Type & Wt. Set at ft.
Formation: Perf. 330' to
Formation: Perf. to
Formation: Perf. to
Liner: Size Type & Wt. Top at ft. Bottom at ft.
Cemented: Yes/No. Perforated from ft. to ft.
Tubing: Size & Wt. 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.		
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. 323 Sp. Twin
Auxiliary Equipment Bulk 322 TT 132
Packer: Set at ft.
Auxiliary Tools
Plugging or Sealing Materials: Type 110 Sack. 60-40-4 Poz 100# Hulls Gals. lb.

Company Representative Treater Greg M

TIME a.m./p.m.	PRESSURES Tubing	PRESSURES Casing	Total Fluid Pumped	REMARKS
10:30				On loc JSA Rig up plumb surface head to above ground.
11:05			0	Tie on 4½ Start mixing gel down hole 6 sack slurry + add Hulls
			6 BBL	Break circ
11:25			22 BBL	110 sacks away good slurry at surface shut in csg + surface.
11:45				Wash up tear down Left loc.