KOLAR Document ID: 1422348

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: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: 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 we | | | | | |
| | | | | | | |

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

| Acid & Cement | | FIELD ORDER Nº C 46275 |
|--------------------|---|---------------------------|
| Acid & Cement 🕮 | BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225 DATE | 9-5 2018 |
| IS AUTHORIZED BY: | Petro (NAME OF CUSTOMER) | |
| Address | City | State |
| To Treat Well Peck | Well No | _ Customer Order No |
| Sec. Twp. Range | County Cowley | 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_

| | IS COMMENCED | By | Agent | |
|------|--------------|---|--------------|---------|
| | | Well Owner or Operator | | |
| CODE | QUANTITY | DESCRIPTION | UNIT COST | AMOUNT |
| 2 | 7.5 | Mileage Pump Truck | Yee | 28000 |
| 2 | | Pump Charge - PTA | | 65000 |
| 2 | 125 | Sacks 60140 2% Gel | 1025 | 134325 |
| 2 | 2 | Additional Gel | 2200 | 4400 |
| | | | | |
| | | | | |
| | | | | |
| 2 | 12.2 | | 125 | 158 25 |
| 2 | 127 | Bulk Charge Bulk Truck Miles 5.67×70 = 39274 | 110 | 43120 |
| | | Process License Fee onGallons | | 255 |
| N | | TOTAL BILLIN | 1G | 2907 20 |

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.

er C.

12

Copeland Representative

Well Owner, Operator or Agent

Ву_____

Remarks

Station

NET 30 DAYS

Acid & Cement

TREATMENT REPORT

| Acid | & Cement | | | | | | | Acid Stage No | ı | | |
|-------------------------|-------------------------------------|-------------|--------------------|-----------------|---|--|--|---------------|-----------|------------|--|
| | | | | | Type Treatment: | Amt. | Type Fluid | Sand Size | Pound | is of Sand | |
| Data | 9/5/2018 | listrict GB | F.O. M | 46275 | Bkdown | | ial | | | | |
| | BEAR PETRO | | | | | | ial. | | | | |
| | | | | | | | | | | | |
| Well Name & No. PECK #1 | | | | | ial | | | | | | |
| Location Field | | | Flush | | | | | | | | |
| County COWLEY State KS | | | | | al | | | | | | |
| | | | | | ft. to | | No. ft | | | | |
| Casing: | Size 4 1/2 | Type & Wt. | | Set at ft. | from | | ft. to | | No. ft | | |
| Formation | : | | Perf | to | from | | ft. to | ft. | No. ft | 0 | |
| Formation | : | | Perf. | to | Actual Volume of Oil / Water to Load Hole: Bbl./Gal. | | | | | | |
| Formation | | | | to | | | | | | | |
| | Rectange States and a second second | | | | Pump Trucks. No. Used: Std. 320 Sp Twin | | | | | | |
| | | | | | Auxiliary Equipment | | | 327 | | | |
| | | | | | | | | | | | |
| Tubing: | | | | | Auxiliary Tools | | | | | - | |
| | Perforated fr | om | ft. to | 11. | - | | | | | | |
| | | | | | | Materials: Ty | ре | | | | |
| Open Hole | Size | T.D | ft. P | .B. toft. | | | | Gals. | | Ib. | |
| | | | | | | | | | | | |
| Company | Representative | | | | Treater | | | | | | |
| TIME | PRES | SURES | | | | | | | | | |
| a.m./p.m. | Tubing | Casing | Total Fluid Pumped | | | REMA | RKS | | | | |
| 9:30 | | | | ON LOCATION | | | | | | | |
| 9.30 | | | | | | | | | | | |
| | | | | | 264 | | | | | | |
| | | | | RUN TUBING TO | 204 | | | | | | |
| | | | | | | | | | | | |
| | | | | MIX 110 SKS OF | 60/40 4% GI | EL TO CIRC | COUT THE SU | RFACE PIP | <u>'E</u> | | |
| | | | | | | | | | | | |
| | | | | MIX 10 SKS OF 6 | 0/40 4% GEI | L TO CIRC | OUT THE CAS | ING | | | |
| | | | | | | | | | | | |
| | | | | TOP OFF WITH 5 | SKS 60/40 4 | 1% GEL | | | | | |
| | | | | | 5113 667 10 | | | | | | |
| | | | | | | | | | | | |
| 3:15 | | | L | JOB COMPLETE | | | | | | | |
| | | | | | | | | | | | |
| | | | | THANK YOU!!! | | | | | | | |
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