KOLAR Document ID: 1422349

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 #: Image: Comparison of the comparison of th	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D	Plugging Commenced: Plugging Completed:
	1

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

COPELINI I		FIELD ORDER № C 46276
Acid & Cement	BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225	9-5 18
IS AUTHORIZED BY:Bear	Petro	20
Address	(NAME OF CUSTOMER) City	State
To Treat Well Rising	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_

BEFORE WORK	IS COMMENCED	By By	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT	AMOUNT
2	70	Mileage Pump Truck	400	2800
		· · · · · · · · · · · · · · · · · · ·		1 5000
2		Pump Charge - PTA		65000
2	100	Spe Sacles 60/40 2% (al	1025	1075 00
2	2	Additional Gel	2200	Yyae
2	102	Bulk Charge	Min	150 00
2		Bulk Truck Miles 4.5TX 70miles = 3157m	10	34650
		Process License Fee onGallons	-	254556
		TOTAL BILLING		254555

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 Repr	esentative	Grey C	
Station	63	2007	

Well Owner, Operator or Agent

Remarks

NET 30 DAYS



TREATMENT REPORT

ACIU	& Cemen								Acid Stage No).	
					Type Treatment:	Amt.		Type Fluid	Sand Size	Pound	ds of Sand
Date	9/5/2018	District GB	F.O. I	No. 46276	Bkdown						
	BEAR PETRO	10 A					Bbl./Gal			annen ke a	
	e & No. RISING				1						
Location			Field								
	COWLEY		Field State KS		Flush						
County	COWLET		State KS		1						
					Treated from			to		No. ft	0
Casing:					from			to		No. ft.	
Formation	1:		Perf	to	from		ft.	to	ft.	No. ft	0
Formation	1:		Perf.	to	Actual Volume of O	il / Water to	o Load Hole:				Bbl./Gal.
Formation			Perf.		<u> </u>						
			Contraction of the second seco		Pump Trucks. N	No Used	Std 3	20 Sn		Twin	
					Auxiliary Equipment				327		
					Personnel GREG				527		
rubing:			Swung at	and the second se							
	Perforated f	rom	ft. to	π.	-			it and a the state of a southing of			
					Plugging or Sealing I	Materials:	Туре				
Open Hole	e Size	T.D	ft. P	.B. toft.					Gals.		lb.
Company	Representative		DICKS		Treater			GREG	C.		
TIME	PRES	SURES	T								
a.m./p.m.	1	Casing	Total Fluid Pumped			R	EMARKS				
A REAL PROPERTY AND ADDRESS				ON LOCATION							
3:30				UNLOCATION					a server and the server states		
				MIX 100 SKS OF	60/40 4% GE	EL DOV	VN 5 1/	2 CASING	CIRC OU	T THE	
				SURFACE PIPE							
4:30				JOB COMPLETE							
		<u> </u>							a an ann an a		
				THANK YOU!!!	and and solve the second s			n de Ausselfanse um desense			
				THANK TOU!!!	16	e na sua di su					
						Carlon and the Second					
					an territor a second second second	alar an georgeoine					
					an a						