

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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



NEW WELL

FIELD ORDER N° C 46664

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

DATE 2-1 2019

IS AUTHORIZED BY: Bear Petro (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Ryan Well No. A-1 Customer Order No. _____

Sec. Twp. Range _____ County Pawnee 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 |
|----------------------|----------|--|------------------|--------------------------|
| 2 | 40 | Mileage Pump Truck | 4 ⁰⁰ | 160 ⁰⁰ |
| 2 | | Pump Charge - Rotary PTA | | 1100 ⁰⁰ |
| 2 | 210 | Sacks 69/40 2% Gel | 10 ⁷⁵ | 2257 ⁵⁰ |
| 2 | 4 | Additional 2% Gel | 22 ⁰⁰ | 88 ⁰⁰ |
| 2 | 53 | Pounds Celloflake | 3 ⁰⁰ | 159 ⁰⁰ |
| 2 | 215 | Bulk Charge | 1 ²⁵ | 268 ⁷⁵ |
| 2 | | Bulk Truck Miles $9.4677 \times 40 \text{ miles} = 378.687m$ | 1 ¹⁰ | 416 ⁵⁵ |
| | | Process License Fee on _____ Gallons | | |
| TOTAL BILLING | | | | 4449⁸⁰ |

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 Curtis

Station GB

Dick S.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

TICKET #

Date 2/1/2019 District GB F.O. No. 46664
Company BEAR PETRO
Well Name & No. RYAN A-1
Location Field
County PAWNEE State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
Bkdown Bbl./Gal.
Flush Bbl./Gal.

Casing: Size Type & Wt. Set at ft.
Formation: Perf. to
Liner: Size Type & Wt. Top at ft. Bottom at ft.
Cemented: Yes 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.

Treated from ft. to ft. No. ft. 0
Actual Volume of Oil / Water to Load Hole: Bbl./Gal.
Pump Trucks. No. Used: Std. 320 Sp. Twin
Auxiliary Equipment 327
Personnel GREG DUANE
Auxiliary Tools
Plugging or Sealing Materials: Type Gals. lb.

Company Representative DICK S. Treater GREG C.

Table with columns: TIME, PRESSURES (Tubing, Casing), Total Fluid Pumped, REMARKS. Includes entries like 'ON LOCATION', 'PUMP 50 SKS 60/40 4% GEL 1/4# PER SACK CELLOFLAKE @ 3670'', 'JOB COMPLETE', 'THANK YOU!!!'