KOLAR Document ID: 1481391

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 #:	I API No.	15 -				
Name:						
Address 1:	'	•	Twp S. R East West			
Address 2:		Feet from				
City: State: Zip:	+	Feet from East / West Line of Section				
Contact Person:	Footage	s Calculated from Nea	rest Outside Section Corner:			
Phone: ()		□ NE □ NW	SE SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: s ACO-1 filed? Yes No If not, is well log attached? Yeoducing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	Yes No County: Lease N Date We The plug by:	lame: ell Completed: gging proposal was app	Well #: (Date) (KCC District Agent's Name)			
Depth to Top: Bottom: T.D.						
Depth to Top: Bottom:T.D.		g Completed				
Show depth and thickness of all water, oil and gas formations.						
Oil, Gas or Water Records	Casing Record (Su	ırface, Conductor & Proc	duction)			
Formation Content Casing	Size	Setting Depth	Pulled Out			
Describe in detail the manner in which the well is plugged, indicating where to cement or other plugs were used, state the character of same depth placed from the cha	·		ods used in introducing it into the hole. If			
Plugging Contractor License #:	Name:					
Address 1:	Address 2:					
City:	State:					
Phone: ()						
Name of Party Responsible for Plugging Fees:						
State of County,						

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.



FIELD ORDER

Nº C 50044

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

				DATE	14-Oct	201
S AUTHORIZE	D BY: Bea	r Petroleum				
			(NAME OF CUSTON		_	
ddress			City	State		
O TREAT WE			544-H B1-	4.00-4		
S FOLLOWS	Lease Whi	leman		1 Customer Order No)	
ec. Twp.			a. a	0.4	- 40	
ange	 		County Barton		e KS	
held liable for any de piled, and no represe retment is psyable. The invoicing department The undersig	image that may accomplished have been of nere will be no clease at in accordance with med supresents his	n hersof it is agreed that Copeland Acid is to service or in ue in connection with each service or treatment. Copeland stied on, as to what may be the results or effect of the each art allowed subsequent to such date. 5% interest will be or lettest published price schedules meetif to be duly authorized to sign this order for we	Acid Service has made no repre- vicing or treating said well. The i charged after 60 days. Total char	esnistion, supressed or consideration of said service or		
HIS ORDER MUST EFORE WORK IS:				Ву		
		Well Owner or Or	erator	UNIT	Agent	
CODE	QUANTITY	DESCR	IPTION	COST	A	MOUNT
20.0001	10	Mileage P.U.		\$2.00		\$20.0
20.0002	10	Mileage P.T.		\$4.00		\$40.0
20.0003	1	Pump Charge Plug		\$650.00		\$650.0
20.1002	370	60/40 Poz 2% Gel		\$11.25		\$4,162.5
20.1004	7	Add. Gel after 2% Per Sack		\$22.00		\$154.0
20.1005	8	Gel on side per sack		\$22.00		\$176.0
20.1017	100	Hulls per lb.		\$0.40		\$40.0
					 	
					- -	
	.					
<u> </u>						· · · · ·
					- 	
					+	
20.0011	385	Bulk Charge		\$1.25		\$481.2
20.0012	170.3			\$1.10	 	\$187.3
				1 7 1. 1 7	1	<u>₩</u> 107.3
		Process License Fee on		Sallons		

manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Оорони	a ivolviosomente	11001011 14.	
Station	GB		Dick S.
Remarks	•		Well Owner, Operator or Agent

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

					Type Treatment:		Type Fluid		Poun	ds of Sand
			F.O. N	o. <u>50044</u>	Bikdown				· .	
	Bear Petroleu									
	& No. Whitem	au #1				Sbi./Gai.				
Location			Field		Flush	Bbi./Gal.				
County	norrea		State KS							
	4.09								No. ft.	
		Type # Wt.		Set at ft.	from		ft. to	ft.	No. ft.	0
Formation			Perf				ft. to		NO. N.	
Formation	:				Actual Volume of (Oil / Water to Load H	lote:			Bbi,/Gal.
Formation				to						
	Type &		Top atft.			No. Used: Std	365 Sp		- Twin	
			OFF)		Auxiliary Equipmen		*	360		
Tubing:	Size & Wt.					in-Greg-Clarence				
	Perforated fr	om	k to_	ft.	Auditary Tools		<u> </u>	 		
						Materials: Type			·	
Open Hole	Size	1,D.	ft. P.	8. toft.				Gals.		<u> </u>
Company	Representative		Dick S		Treater		Nati	ian W.		
TIME	PRES	tures	Total Fluid Pumped			REMA				
am/pm	Tubing	Cooling	Ť			POLOTO:				
12:00	2"	4.5"		On location.						
					,		•			
								• •		
				Mix 8sks of Gel	and 40sks 6	0/40poz 4%	gel with 10	O# Hulls a	t 3240'	
				Pull tubing to 14						
	<u> </u>	<u> </u>	 		•	· · · · · · · · · · · · · · · · · · ·				
				Try to work tubi	ng free. Pu	mp 10bbls	and pull. Tu	hing still	stuck	
				,						
				Try to shoot tub	ing free St	acked out a	+ 415'			,
	 			iny to shoot tub	ing ince. of	tource out t	11. 423		_	
	ļ			Break circulation	MAIL 205	che at 14EO'	Cisculated	comont t	o eurfor	
-	<u> </u>		 			sks at 1430	Circulated	cement a	o suriac	e out
 	 	 	 	casing and annu	ius.					
	 		1	Dook tubing off		a of holo				
4:30			 	Back tubing off	ang puli ou	t of noie.	··· - · · · · · · · · · · · · · · · · ·			
<u> </u>	ļ		 	ļ						
 -			<u> </u>							
]				Thank You!						
<u> </u>		ļ	↓							
			<u> </u>	Nathan W.						
						.=				
										
		I	1							



FIELD ORDER Nº C 50052

BOX 438 - HAYSVILLE, KANSAS 67060

icia a	~~·	TIC CLES	316-524-1225	D. T	M 0 M 00 40
				UAIE 2	21-Oct 20 19
S AUTHORIZE	D BY: Bea	r Petroleum	(NAME OF CUSTOMER)		
Address			_City	State _	
O TREAT WE	LL.				
4S FOLLOWS		iteman	Well No. 1 Custo	mer Order No.	
Sec. Twp.			0 4 0 4	04-4-	
tange			County Barton	State 1	KS
e held lieble for any d applied, and no represi realment is payable. T ur involcing departme	lemage that may acc practions have been have will be no disco nt in accordance will gnad represents hi T SE SIGNED	in hereof it is agreed that Copeland Acid is to stirvice or true in connection with said service or treatment. Copelant relied on, as to what may be the results or effect of the securit allowed subsequent to such date. 8% interest will be in latest published price achedules. If it is order for will be duly authorized to sign this order for will be duly authorized to sign this order for will be duly authorized to sign this order.	d Acid Service has made no representation, expresses rvicing or treating said welt. The consideration of said charged after 60 days. Total charges are subject to co	i or eervice or	
EFONE HONN IS	COMMENCED	Well Corner or O	parator		port
CODE	QUANTITY	DESCR	IPTION	COST	AMOUNT
20.0001	10	Mileage P.U.		\$2.00	\$20.00
20.1001	3	Common Cement Sack		\$13.25	\$39.75
	· ·				
					-
				<u> </u>	

	**			<u> </u>	
					
	· · · · · · · · · · · · · · · · · · ·				
				+	
				-	
				+	1.7.00
				-	
		Bulk Charge		-	
*		Bulk Truck Miles	······································	+	· · · · · · · · · · · · · · · · · · ·
		Process License Fee on	Oallan	-	
		Process License Fee on	Gallons	+	
I certify that	the above ma	terial has been accepted and used; the	TOTAL BILLING	in a cood and	\$59.75
manner und	er the direction	n, supervision and control of the owner	r,operator or his agent, whose signal	in a good and wo ture appears bek	XKManiike Xw
	epresentative	Nathan W.			
					
Station GE	3		Dick S.		

NET 30 DAYS

Acid & Cement	Ī
Acid & Cement	8

TREATMENT REPORT

Acid	& Cemer	nt &						Acid Stage No.	
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Date 16	0/21/2019	District G8	F.O. I	io. 50052	Bkdown				_
-	Bear Petrole								
	e & No. Whiten]				
Location			Field]	Bbl./Gal.			
County	Barton		State KS		Flush	Sbl./Gal.			
					Treated from		ft. to		ń. <u>O</u>
Casing:	Size 4.5"	Type & Wt.		Set atft	. from		ft. to		n. 0
Formation	ı:		Perf.	to	from		ft. to		tc <u> </u>
Formation				to	Actual Volume of	Olf / Water to Load H	lale:		861./Gal.
Formation				to	}~-~~				
		L Wt	Top at ft.		. Pumo Trucks.	No. Used: Std.	Sp.	Tw	in .
					. Auditary Equipme	_			
Tubing:	Size & Wt.		Swung at			an			
	Perforated f		ft. to		. Auxiliary Tools		•	-	
					Plugging or Sealing	g Materials: Type	-		
Open Hole	Stre	T.D.	ft. P	.B. to ft		• • • • • • • • • • • • • • • • • • • •		Gais.	₩b.
									
Сопролу	Representative		Dick S		Treater		Nath	an W.	
TIME		ISURES	1						
a.m./p.m.		Caping	Total Fluid Pumped			REMA	RKS		
			1	Dump 3sks of co	ement dow	n casing to to	op off well.	•	
		·						•	
		 							
		 		Thank You!					
		 		THORN TOO!	 		 		
-	_			Nathan W.					
<u> </u>				Matilali VV.					
					·········		 		
				······································					
									
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