KOLAR Document ID: 1485390

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 De	scription:			
Address 1:			.	Sec Twp S. R East W				
Address 2:				Feet from North / South Line of Section				
City:	State:	Zip: +	.	Feet from				
Contact Person:				Footage	s Calculated from Neares	st Outside Section Corner:		
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)		OG D&A Cathodi		,				
ENHR Permit #:	Gas Sto	rage Permit #:						
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)		
Producing Formation(s): List A	II (If needed attach another	sheet)		by:		(KCC District Agent's Name)		
Depth to	Top: Botto	m: T.D		Plugging	a Commenced.			
Depth to	•	m: T.D		00 0				
Depth to	Top: Botto	m:T.D			y			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Re	cord (Su	ırface, Conductor & Produc	tion)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If		
Plugging Contractor License #	:		Name:	ə:				
Address 1:			Address 2:	:				
City:			;	State:		Zip:+		
Phone: ()								
Name of Party Responsible for	r Plugging Fees:							
State of	County, _			, ss.				
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed decaribed		
			E	imployee of Operator or	Operator on above-described well,			

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.



Remarks

FIELU ORDER

Nº C_____

60034

BOX 438 - HAYSVILLE, KANSAS 67060

icia c	00		310-024-1220	DATE 2	3-Oct 20 19
AUTHORIZE) BY: REAF	R PETROLEUM		<u> </u>	
	701. <u>004</u>	(NAME OF CUSTOMER)		
dress			City	State _	
TREAT WEL					
FOLLOWS	Lease FLIN	N EASTV	Veli No. #2 C	ustomer Order No.	
c. Twp.	2004		County ELLIS	: State to	(S
nge <u>SW/4-12</u>		hisreof it is agreed that Copeland Add is to service or treat			
eld liable for any de led, and no represer Iment is payable. Th Involcing department	mage that may accru ntations have been re are will be no discou I in accordance with	is in connection with said service or treatment. Copaland Ac tiled on, as to what may be the results or effect of the servic at allowed subsequent to such date. 6% interest will be cha steet published price schedules. neelf to be duly authorized to sign this order for well	cid Service has made no representation, exp sing or treating acid walf. The consideration rged eller 60 days. Total charges are existe	reseed or of said service or	
IS ORDER MUST FORE WORK IS				y	
0005	OHANGTY.	Well Denier or Ope DESCRIP		UNIT	AMOUNT
CODE	QUANTITY	DESCRIP	TION	COST	
20.0002		Mileage P.T.		\$4.00	\$120.00
20.0003	1	Pump Charge Plug		\$650.00	\$650.00
20.1002	350	60/40 Poz 2% Gel		\$11.25	\$3,937.50
20.1004	6	Add. Gel after 2% Per Sack		\$22.00	\$132.0
20.1005	5	Gel on side per sack		\$22.00	\$110.00
20.1017	500	Hulls per lb.		\$0.40	\$200.00
1					
			•		
					-
20.0011	371	Bulk Charge		\$1.25	\$463.7
20.0012	489.72	<u> </u>		\$1.10	\$538.6
		Process License Fee on	Gallons		
			TOTAL BI	LLING	\$6,151.9
_		iterial has been accepted and used; that	t the above service was perfe	ormed in a good and v	vorkmanlike
		en, supervision and control of the owner	operator or his agent, whose	signature appears be	HOW.
	Representative _	GREG CURTIS		: 	
Station G	8		DICK SCHREMM	ER Well Owner, Operator or Age	
				יישייים עו או או אוייים איייים אי	PR

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

				1	Type Treatment:	Amt.	Type Fluid	Sand Size	Pour	nds of Sand
Date 10)/28/2019	District GB	F.O. N	o. C-60034	Bitdown	Bbl./Gal.				
	BEAR PETRO					Bbl./Gal.				
Well Name	& No. FLINN	EAST #2				8bi./Gal				
Location	SW/	4-12-20W	Field			Bbl./Gal.				
County	ELLIS		State KS		Flush	8bl./Gal				
,					Treated from		t to	ft.	No. ft.	0
Casing:	Size 4 1/	2 Type & Wt.		Set atft.	from	1	h. to	ft.	No. ft	0
Formation				to	from	1	k to	ft.	No. ft.	0
Formation				to	Actual Volume of (Bbl./Gal.
Formation				to						
Liner: Si	ze Type	& Wt		Bottom at ft.	Pump Trucks.	No. Used: Std.	320 Sp.		Twin	
					Auditory Equipmen	mt		367-310T		
			Swung at		Personnel		· · · · · · · · · · · · · · · · · · ·			
	Perforated	from	ft. to	ft.	Auxiliary Tools					
					Plugging or Sealing	Materials: Type				
Open Hole	Size	1.D.	ft. P.	8. toft.				Gals.		lb.

Company	Representative		DICK SCHRE	MMER	Treater		GREG	CURTIS		
THATE		ESSURES	Total Fluid Pumped			REMAI	BCS			
0.99./p.ss.	Tubing	Casing								
12:00				ON LOCATION		· · · · · · · · · · · · · · · · · · ·	ļ			
				PUMP 5 GEL & 5	0 SKS 60/4	0 4% GEL W/	200# HUL	LS @ 373	8'	
								•	٠	·
		T		PUMP 75 SKS W	/ 200# HUL	LS @ 2250'				
						-				
				CIRCULATE CEM	ENT FROM	1125' TO SU	RFACE. TO	OK 100 SI	KS W/ 1	.00#
			1	HULLS						
							······			
	 		†	TIE ON TO 4 1/2	PUMPED	125 SKS RAN	OUT OF C	EMENT.	WELL W	AS ON A
} -	,	- 		VAC.						
		+								·
5:15			<u> </u>	JOB COMPLETE			 			
3.13			 	JOD COMITELE		· · · · · · · · · · · · · · · · · · ·				
		+	 	THANK YOU!!!					· · · · · · · · · · · · · · · · · · ·	
		 	1	IHANK TOU!!!				 ;		
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			<u> </u>							
			<u> </u>							



ORDER Nº C 60036

ACIO &	Ceme	III keeda	31 6-524 -1225	DATE	30-Oct 20 19
				DATE	30-0G 2018
S AUTHORIZE	DBY: BEA	R PETROLEUM	(NAME OF CUSTOMER)		
Address			City	State	
O TREAT WEL	L				
AS FOLLOWS	Lease FLIN	N EAST	Well No. #2	Customer Order No.	
Sec. Twp. Range			County ELLIS	State	KS
e held liable for any da mplied, and no represer realment is payable. Th ur involvint department	mage that may acon stations have been a are will be no discou t in accordance with ned represents his	hereof it is agreed that Copeland Acid is to service or tree ue in connection with said service or treatment. Copeland A slied on, as to what may be the results or effect of the serv int allowed subsequent to such date. 6% interest will be ch latest published price schedules. The duly authorized to sign this order for well	loid Service has made no representation, a loing or treating and well. The consideration arged after 60 days. Total charges are subj	rpressed or 1 of said senace or	
BEFORE WORK IS	COMMENCED	Well Owner or Opi		»	Vaent
CODE	QUANTITY	DESCRI		UNIT	AMOUNT
20.0002	30	Mileage P.T.		\$4.00	\$120.00
20.0003	1	Pump Charge Plug		\$650.00	\$650.00
20.1002	40	60/40 Poz 2% Gel		\$11.25	\$450.00
20.1004	1	Add. Gel after 2% Per Sack		\$22.00	\$22.00
20.0011	41	Bulk Charge		MIN	\$ 150.00
20.0012	54.12	Bulk Truck Miles		MIN	\$150.00
		Process License Fee on	Gallons		
			TOTAL BII	LING	\$1,542.00
manner unde	er the direction	terial has been accepted and used; that n, supervision and control of the owner,	t the above service was perfo operator or his agent, whose	rmed in a good and v signature appears be	vorkmanlike
-	presentative	GREG CURTIS			
Station GB			DICK SCHREMM		
Domodro				Vell Owner, Operator or Ag	ent

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

X CC.	mente											-	
							Type Treatment:	Amt.		Type Fluid	Sand Size	Pour	ds of Sand
/30/20	19 District	GB	_	F.O. No	o. <u>C60036</u>		Bitdown		Bbl./Gal				
							<u></u>		Bbl./Gal.				
							<u> </u>		Bbi./Gal.				
-			Held				<u> </u>		Bbl./Gal.				
		s	itate KS				Flush		Bbl./Gal.	<u> </u>			
							Treated from		1	t. to	ñ.	No. fL	0
ei.	4 1/2	Time & Wit			Set at	ħ.		,		k. to	ħ.	No. ft.	0
; ;	41/2	, ppc &	Perl.				from			h. to _;	ft.	No. ft.	0
:			— · Perf.		to	-	Actual Volume of ()ii / Water	to Load Ho	le:			Bbl./Ga
:		· · · · · · · · · · · · · · · · · · ·	Perf.		to								
-	Type & Wt	Top	_	ft.	Bottom at	ñ.	Pump Trucks.	No. Used:	Std.	320 Sp.		_ Twin	
				-	-								
	Yes T	Perforated from		1	ft. to	ft.	Auditory Equipmen	¥t			360-308T		
emented		erforated from	iwang at		ft. to		Auditory Equipment Personnel GREG		ICE		360-308T		
emented Size & WI	-	_	imang at		ft. to	n			ICE .		360-308T		
emented Size & WI		_			ft. to	n	Personnel GREG	CLAREN			360-308T		
)	/30/20 BEAR P & No. Fl	J/30/2019 District BEAR PETROLEUM & No. FLINN EAST	J/30/2019 District GB BEAR PETROLEUM & No. FLINN EAST #2 Stze 4 1/2 Type & Wt.	### State KS Size 4 1/2 Type & Wt. Perf. Perf.	### F.O. No. No. FLINN EAST #2 Field	State Set at	### Field Field Feel Fee	Type Treatment: State F.O. No. C60036 Bitdown	Type Treatment: Amt. Bludown B	Type Treatment: Amt Bbl./Gal.	Type Treatment: Amt. Type Fluid	Type Treatment: Amt. Type Fluid Sand Size	Type Treatment: Amt. Type Fluid Sand Size Poun

Company Representative		DICK SCHRE	EMMER Tractor GREG CURTIS	
TIME			Total Fluid Pumped	REMARKS
n.m./p.m.	Tubing	Casing		ONLOCATION
4:30		ļ		ON LOCATION
		<u> </u>	<u> </u>	
		<u> </u>		TOPPED OFF WELL. TOOK 40 SKS
				HOLE STAYED FULL
5:30		<u> </u>		JOB COMPLETE
				THANK YOU!!!
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