KOLAR Document ID: 1489281

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 #:			APIN	No. 15						
Name:				Spot Description:						
Address 1:				Sec						
				Feet fron						
City:	State	:		Feet from East / West Line of Section						
Contact Person:			Foota	Footages Calculated from Nearest Outside Section Corner:						
Phone: ()				NE NW	SE SW					
Water Supply Well	Other:	ell OG D&A Ca SWD Permit #: as Storage Permit #: is well log attached? Yes	Lease Date	County: Well #: Lease Name: Well #: Date Well Completed: (Date)						
Producing Formation(s):	List All (If needed attach a	another sheet)	by:		(KCC District Agent's Name)					
De	epth to Top:	Bottom: T.D	Plugo	Plugging Commenced:						
De	epth to Top:	Bottom: T.D	"							
De	epth to Top:	Bottom:T.D		,g • •p. • . • . • . • . • . • . • .						
	ss of all water, oil and gas	s formations.								
	Water Records			Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size	Setting Depth	Pulled Out					
		plugged, indicating where the cter of same depth placed from			nods used in introducing it into the hole. If					
Plugging Contractor License #: Name:										
Address 1:			Address 2:							
City:			State	:						
Name of Party Responsi	ible for Plugging Fees:									
State of	Co	unty,	, SS.							
				Employee of Operator of	or Operator on above-described well,					
	(Print Na			=mpio, so oi opeiatoi o	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.



ORDER

Nº C

60055

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

DATE 12-Dec 20 19 IS AUTHORIZED BY: BEAR PETROLEUM (NAME OF CUSTOMER) Address City _____ State TO TREAT WELL AS FOLLOWS Lease GL SCHMIDT Well No. B1 Customer Order No. Sec. Twp. Range County RICE State KS CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid 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 Well Owner or Operator UNIT CODE QUANTITY DESCRIPTION **AMOUNT** COST 20.0002 30 Mileage P.T. \$4.00 \$120.00 20.0003 1 Pump Charge Plug \$650.00 \$650.00 20.1001 50 Common Cement Sack \$13.25 \$662.50 3 20.1012 Calcium Chloride per 50 lb. \$40.00 \$120.00 20.1002 160 60/40 Poz 2% Gel \$11.25 \$1,800.00 20.1004 3 Add. Gel after 2% Per Sack \$22.00 \$66.00 20.0011 216 Bulk Charge \$1.25 \$270.00 288.45 Bulk Truck Miles 20.0012 \$1.10 \$317.30 Process License Fee on Gallons TOTAL BILLING \$4,005.80 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 SCHREMMER Well Owner, Operator or Agent Remarks

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

				Type Treatment: An	nt. Typ	e Fluid	Sand Size	Pou	inds of Sand
Date 12/12/2019 D	District GB	F.O. N	o. C60055	Bkdown	Bbl./Gal.				
Company BEAR PETROI					Bbl./Gal.				
Well Name & No. GL SCH]	Bbl./Gal.				
Location		Field		1	Bbl./Gal.			7 14	
County RICE		State KS		Flush	Bbl./Gal.				
		-		Treated from	ft. to		h.	No. ft.	0
Casing: Size	Type & Wt		Set at fi	from	ft. to		ft.	No. ft.	0
Formation:		Perf.	to	from	ft. to		ft.	No. ft.	0
Formation:		Perf.	to	Actual Volume of Oil / Wi	ater to Load Hole:				Bbl./Gal.
		Perf.			10000000000000000000000000000000000000			Desire.	
Uner: Size Type 8				t. Pump Trucks. No. Us	ed: Std. 320	Sp.	· Land	Twin	
Cemented: Yes	▼ Perforated	from	ft. toff	t. Auxiliary Equipment	174	36	50-308T	270	
Tubing: Size & Wt.	2 3/8	Swung at	State of the state	L Personnel GREG CLAR	ENCE		9		
Perforated for	rom	ft. to	1	t. Auxiliary Tools		0.00	Pha C	110.17	7 - 15 1
				Plugging or Sealing Mater	rials: Type	a see			
Open Hole Size	T.D.	ft. P.	B. to f				Gals.	To de the	lb.
	-							-15	
Company Representative	-	DICK S		Treater		GREG	C.		
TIME PRES	SURES	Total Fluid Pumped			REMARKS	TAY S			Y. Y.
ı.m./p.m. Tubing	Casing				THE	1 5%	Although	1124	4 11
11:30	100		ON LOCATION					1 - 20 7	
TAIR.	100 100								
12:15	- E		PUMP 50 SKS C	COMMON 3% CC	@ 1100'				
2:00			WAIT TO TAG	EMENT. TAGGE	D CEMENT @	1025'			
			34					109	
			PUMP 35 SKS 6	0/40 4% GEL @	650'			172.	
Ball.			1 V. 12	1.20					16
Kill V			CIRCULATE CEN	MENT FROM 325	'TO SURFACE	. ТООК	125 SKS	60/40	4%
		1	GEL	The second					W. Alver
	1		HOLE STAYED F	ULL					
Bala.	 								
3:15			JOB COMPLETE						-
		 				_			(2)
361		1 22	THANK YOU!!!						200
		+	THAIR TOOM						
		+							
3.11	+	+							\$7 II-
W. (1)	-	+							
	_							- 19	13
								1,544	