KOLAR Document ID: 1513061

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 #:			AF	PI No. 1	5					
Name:				Spot Description:						
Address 1:				Sec Twp S. R East We						
Address 2:					Feet from North / South Line of Section					
City: State: Zip: +					Feet from East / West Line of Section					
Contact Person:			Fo	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 #:					County: Well #:					
ENHR Permit #: Gas Storage Permit #:					Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)						
Producing Formation(s): List A	II (If needed attach another	sheet)	by	:		(KCC District Agent's Name)				
Depth to	Top: Botton	m: T.D	_{Pli}	Plugging Commenced:						
Depth to	Top: Botto	m: T.D		00 0						
Depth to	Top: Botto	m:T.D	' '	agging	Completed.					
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water	Records		Casing Reco	ing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
cement or other plugs were us		-				ds used in introducing it into the hole. If				
Plugging Contractor License #: Nam				y:						
Address 1:			Address 2: _							
City:			Sta	ate:		Zip:+				
Phone: ()										
Name of Party Responsible fo	r Plugging Fees:									
State of	County, _		, s	SS.						
			Г	_	nployee of Operator or	Operator on above-described well,				
(Print Name)				=[]	inproyee or 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

HELU ORDER

Nº C 60095

Well Owner, Operator or Agent

BOX 438 - HAYSVILLE, KANSAS 67060

ACIO & (ceme.	III (AS)	316-	524-1225	- ·			
					DATE	26-Feb	20	20
AUTHORIZED	BY: BEA	R PETROLEUM	(NAME O	CUSTOMER)	· · · · · · · · · · · · · · · · · · ·			
ddress			_City	···	State			
O TREAT WELL S FOLLOWS L		LLER	_Well No.	1B	Customer Order No	·		
ec. Twp. lange			_County _	MORTON	State	KS		
held hable for any dame splied, and no represents setment is payable. Then or invenious department is	age that may acon. sions have been n e will be no discou n accordance with	hereof it is agreed that Copeland Acid in to service or is in connection with eaid service or treatment. Copelar blied on, as to what may be the results or effect of the a rit allowed subsequent to such date. Oth interest will be latest published price schedules. meet to be duly authorized to sign this order for to	nd Acid Service ha ervicing or Imetin charged after 60	e made no representation paeld well. The consider days. Total charges are:	n, expressed or usion of said šervice or			
HIS ORDER MUST B EFORE WORK 18 C(By			
CODE C	YTITMAU	Well Owner or C DESCI	RIPTION		UNIT	Agent A	MOUNT	
20.0002	50	Mileage P.T.			\$4.00		\$20	0.00
20.0003	1	Pump Charge Plug			\$650.00		\$ 65	0.00
20.1002	135	60/40 Poz 2% Gel			\$11.25		\$1,51	8.7
20.1004	3	Add. Gel after 2% Per Sack			\$22.00		\$6	6.00
20.1005	12	Gel on side per sack			\$22.00		\$26	4.00
			<u> </u>				<u> </u>	
			AS					
								_
20.0011	150	Bulk Charge			\$1.25		\$18	7.50
20.0012	330	Bulk Truck Miles			\$1.10		\$36	3.00
		Process License Fee on		Gallor	ns			
					BILLING		\$3,24	9.2
-	r the directio	terial has been accepted and used; t n, supervision and control of the own GREG C.		•	•		nlike	
Station GB				DICK S.				

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

					Type Treatment:		• • • • • • • • • • • • • • • • • • • •	29ud 2ise		Inds of Sano		
_			F.O. N	to. <u>C60095</u>	Bkdown							
Company BEAR PETROLEUM												
Well Name	e & No. KNELLI	R 18										
Location			Field									
County	MORTON		State KS		Flush	#64./Gal.						
				•	Treated from		ft. to		No. ft			
Casing:	Size 5 1/	Z Type & Wt.			from		ft. to		No. ft			
Formation	Formation: Perf. to					·=:	ft. to		No. R	0		
Formation	Y:		Perf.	to	Actual Volume of Oli	/Water to Load	lole:			Bbl./Gal.		
Formation			Perf.									
				Bottom atft.	Pump Trucks. No	p. Used: Std	320 Sp.		Twin			
					Audiury Equipment			327				
	•		Swung at	· · · · · · · · · · · · · · · · · · ·	R. Personnel GREG CLARENCE							
	Perforated		ft. to		Auxiliary Tools							
					Plugging or Sealing N	Materials: Type			,			
Open Hok	Size	T.D.	ft. P	8. toft.		•••		Gals.		lb.		
					<u> </u>							
Comean	Representative		DICK S	<u>.</u>	Trooter		GR	REG C.				
TIME		SSURES		<u> </u>								
9.07./9.05		Casing	- Total Fluid Pumped	<u> </u>		REM	MMCS					
11:30		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 	ON LOCATION			•					
11.30	 		 	CIV EGGATION								
		1	}	PUMP 12 GEL &	EU CAC EU/V	0 494 AD 17	40'	-				
			 	POWIF 12 GLL &	JU 3K3 00/4	0 470 EP 1-				. "		
 		 	 	DI MAD CO CVC 6	4001							
ļ		ļ	 	PUMP 50 SKS @	408		·····					
	<u> </u>		ļ									
L	ļ	<u> </u>	<u> </u>	CIRCULATE CEM	IRCULATE CEMENT TO SURFACE FROM 40'. TOOK 25 SKS							
<u></u>	<u> </u>		ļ <u>.</u>									
				TOPPED OFF WELL WITH 10 SKS								
				HOLE STAYED F	JLL							
2:30				JOB COMPLETE								
					·							
<u> </u>			i	THANK YOU!!!								
	<u> </u>	†	1						***************************************			
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	L	<u>.</u>										



HELU ORDER

Nº C

60107

BOX 438 - HAYSVILLE, KANSAS 67060

316-524-1225 DATE 12-Mer 20 20 IS AUTHORIZED BY: BEAR PETROLEUM (NAME OF CUSTOMER) State City _ Address TO TREAT WELL Well No. B-1 Customer Order No. AS FOLLOWS Lease KNELLER Sec. Two. State KS County MORTON Range CONDITIONS: As a part of the consideration hereof it is agreed that Coppland Acid is to service or freet at owners risk, the hereinbefore maniferred wall and is not to the baild liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has mi tions have been reflect on, as to what may be the results or effect of the consideral or treating sold well. The consideration of sold service or liment is payable. There will be no decount 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 exhaultes.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator. THIS ORDER MUST BE SIGNED WEFORE WORK IS COMMENCED Well Chiner or Operator UNIT **AMOUNT** DESCRIPTION QUANTITY CODE COST \$225.00 \$11.25 60/40 Poz 2% Gel 20.1002 20 TOP Well OFF **Bulk Charge Bulk Truck Miles** Process License Fee on Gallons TOTAL BILLING \$225.00 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 C. Station GB DICK S. Well Owner, Operator or Agent Remarks

NET 30 DAYS