KOLAR Document ID: 1513052

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						
OPERATOR: License #:				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	e Name:	Well #: (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	ring 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			g 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				ss 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 operator 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.



HELD

Nº C 60106

Acid &	Ceme	nt 🕰	316-6	524-1225		40 14	20	20
					DATE	(4-WIN	ZV	20
AUTHORIZED	BY: BEA	R PETROLEUM	(NAME OF	CUSTOMER)				
ddress			_City		State			
O TREAT WELL		SON	_Well No.	8-2	Customer Order No.			
iec. Twp. lange			_County <u>N</u>	IORTON	State	KS		
o held fleble for any dam splied, and no represent setment is payable. The ir invoicing department in The undersigns HIS ORDER MUST I	age that may econusions have been me will be no discount on accordance with ad represents his SE SIGNED	hereof it is agreed that Copaland Acid is to service or in annection with said service or treatment. Copalant blad on, as to what may be the results or effect of the saint allowed autosequant to such date. 8% interest will be distent published price adherities. meelf to be duly authorized to sign this order for w	d Acid Bervice has irvicing or irealing charged after 60 c	seade no representation, said well. The considerall lays. Total charges are sub srator.	repressed or in at said service or just to correction by			
EFORE WORK IS C	OMMENCED	Well Owner or O	perelor			Agent		
CODE	QUANTITY	DESCR	RIPTION		COST	A	MOUNT	
20.0002	50	Mileage P.T.			\$4.00		\$200).0(
20.0003		Pump Charge Plug			\$650.00		\$650).00
20.1002	ĺ	60/40 Poz 2% Gei			\$11.25		\$1,912	2.50
20.1004	3	Add, Gel after 2% Per Sack			\$22.00		\$60	3.0
20.1005	10	Gel on side per sack			\$22.00		\$22).O(
			· · · · · · · · · · · · · · · · · · ·					******
					i		•	
						1	. :	
	· · · · ·							
			 					
1		****						
20.0011	183	Bulk Charge	· ·-		\$1.25		\$22	8.7
20.0012	402.6		 		\$1.10		\$44	
		Process License Fee on		Gallons				
				TOTAL B			\$3,72	
	r the directio	terial has been accepted and used; then, supervision and control of the owner GREG C,		e service was per	formed in a good and			
	-		— ,	NCK 6				
Station GB			<u>.</u>	DICK S.	Well Owner, Operator or A	pent		

NET 30 DAYS

Acid & Cement	Ĩ
Acid & Cement	

TREATMENT REPORT

Acid Stage No.

				1	Type Treatment:		Type Fluid		Pou	nds of Sand		
Date 3	/12/2020 D	istrict GB	F.O. N	o. <u>60106</u>	Bkdown							
	BEAR PETROL											
Well Name	& No. DAVISO	N B-2										
			Field				 					
County MORTON State KS				Flush	Bbl./Gai.							
							ft. to					
Casing:	Stre	Type & Wt.			from		ft. to		No. ft.	0		
Formation					from		n. to	ft.	No. ft.			
Formation	:		Perf.	to	Actual Volume of C	W / Water to Load H	oke:	-13		BM./Gal.		
Formation	:		Perl	to								
Uner: Si	zeType &	.Wt	Top atR.	Bottom atR.		No. Used: Std			_ T wi n			
C	emented: Yes	▼ Perforated fn	om	ft. toft.		٠ <u></u>		367-310T				
Tubing:	Size & Wt.		Surang at		Personnel GREG					•		
	Perforated fo	om	R. to	t.	Auditory Tools					 		
					Plugging or Sealing	Materials: Type						
Open Hole	Size	T.D	ft. P.	A toft.	***			Gals.		<u></u>		
-												
Company	Representative		DICK S	i.	Treater		GR	EG C.				
TIME	PRES	sunes .	Total Fluid Pumped			REMA						
a.m./p.m.	Tubing	Cooling										
3:15				ON LOCATION				<u></u>				
				PUMP 10 GEL & 50 SKS @ 1700'								
				PUMP 50 SKS @ 600'								
									-			
				CIRCULATE CEM	CIRCULATE CEMENT FROM 60' TO SURFACE, TOOK 45 SKS							
				TOP OFF WITH 2	5 SKS							
										· ·- · · · · · · · · · · · · · · · ·		
5:45		-		JOB COMPLETE						······		
 				THANK YOU!!!		·						
				118444 199111						<u></u>		
-					·· ·-		·					
							· · · · · · · · · · · · · · · · · · ·					
		 					-					
	·								-			
		ļ										
 												
igwdapprox		ļ										
								<u> , . , . , . , . , . , . , . , . , </u>				
. 1		2	['									
												