KOLAR Document ID: 1517904

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 #*			l API No.	15 -				
Address 1:			I .	•	Twp S. R East West			
				Feet from				
City: State: Zip: +				Feet from East / West Line of Section				
Contact Person:			Footage	s Calculated from Near	rest Outside Section Corner:			
Phone: ()				□ NE □ NW	SE SW			
Water Supply Well ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s):	Other: Ga S No If not, i	SWD Permit #: as Storage Permit #: swell log attached? Yes [nother sheet) Bottom: T.D.	Lease N Date We The plug	lame:ell Completed: gging proposal was app	oroved on: (Date) (KCC District Agent's Name)			
De	pth to Top:	Bottom: T.D	""					
De	pth to Top:	Bottom:T.D	——— Plugging	g Completed:				
Show depth and thickness	ss of all water, oil and gas	formations.						
Oil, Gas or V	Water Records		Casing Record (Su	Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
		plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth placed from the muter of same depth placed from the same depth placed from t	·		ods used in introducing it into the hole. If			
Plugging Contractor License #: Nam				·				
Address 1:			_ Address 2:					
City:			State:					
Phone: ()								
Name of Party Responsil	ble for Plugging Fees:							
State of	Cou	unty,	, SS.					
	(Print Na	ma)	E	mployee 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.



FIELD ORDER Nº C

50227

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

			DATE 21-May 20	20	
IS AUTHORIZED BY:	Berenergy	(NAME OF CUSTOMER)			
Address		City	State		
TO TREAT WELL AS FOLLOWS Lease	Mattie Maddie Gates	Well No. B-9	Customer Order No.	*********	
Sec. Twp. Range		County Stafford	State KS	Opinatisk rask kommuniyasi.	

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 Ag	ent
CODE	QUANTITY	DESCRIPTION	COST	AMOUNT
20.0001	15	Mileage P.U.	\$2.00	\$30.0
20.0002	15	Mileage P.T.	\$4.00	\$60.00
20.0003	1	Pump Charge Plug	\$650.00	\$650.00
20.1002	130	60/40 Poz 2% Gel	\$11.25	\$1,462.50
20.1004	3	Add. Gel after 2% Per Sack	\$22.00	\$66.00
20.1005	10	Gel on side per sack	\$22.00	\$220.00
20.0011	143	Y	\$1.25	\$178.7
20.0012	95.55		Min	\$150.0
	-	Process License Fee on Gallons		
		TOTAL BILLING aterial has been accepted and used; that the above service was performed		\$2,817.2

manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below. \$2535.58 Copeland Representative Nathan W. Station GB Well Owner, Operator or Agent Remarks



TREATMENT REPORT

Acid & Cement 🕮				Acid Stage No.					
					1	Amt.		Sand Size	Pounds of Sand
Date 5	/21/2020	District GB	F.O. 1	lo. 50227	Bkdown	Bbl./Ga			
	Berenergy					Bbl./Ga	-	***************************************	
	& No. Maddie								
			Field						
County	Stafford		State KS		Flush	Bbi./Gal	*		
					Treated from		ft. to	ft. I	No. ft. 0
Casing:				Set atft.		Provide State and Association of the State an			No. ft. 0
Formation:			Perf.	to	from		ft. to	ft. I	No. ft. 0
Formation:			Perf.	to		f Oil / Water to Load	THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	CONTROL OF THE PERSON	Bbl./Gal
Formation:			Name and Address of the Owner, where	to		Mit y Sould Color Have been stay to for the same to	M. Outcomes and the control of the System of the control		
Liner: Siz					Pump Trucks.	No. Used: Std.	320 Sp.		Twin
C	emented: Yes	▼ Perforated fr	rom	ft. toft.	Auxiliary Equipm	ent		NAME OF TAXABLE PARTY O	***************************************
			Swung at		Personnel Nath	nan-Tim-Clarence	2		
	Perforated f		ft. to		Auxiliary Tools				
		Marity public triality and environment			Plugging or Sealing	ng Materials: Type	2		
Open Hole	Size	T.D.	ft. P	8. toft.					lb.
	PROBLEM CONTRACTOR CONTRACTOR		TELEPTONI, CONTROL 1880 PROPERTY AND TO AND TO AND THE		THE RESERVE OF THE PARTY OF THE		Marie Commence in the Commence of the Commence		
Company !	Representative		David		Treater		Nath	nan W.	
TIME	PRES	SSURES							
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REM	ARKS		
8:30		5.5"		On Location.			Million a Company of the second		

	**************************************			Mix 10sks of gel	and 50sks	60/40poz 4	%gel at 740'	N	and the second second second

		1		Mix 50sks at 320	ח'				
		 							
10:45		 		Mix 30sks at 30'	Circulate	d cement to	surface		
10.43		-		1411X 303K3 &C 30	Circulate	a centent to	surrace.		
	***************************************		_		****				

			*************************************	T. 1 V 1	-				
		-	ļ	Thank You!	-				
		ļ	ļ		**************		The second secon		
		ļ		Nathan W.					
							TRACTOR STATE STATE OF THE STAT		
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	1								