KOLAR Document ID: 1523858

**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 Tw	p S. R East West	
Address 2:					Feet from		
City:	State:	Zip: +	.		Feet from	East / West Line of Section	
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	ll (If needed attach another	sheet)				(KCC <b>District</b> Agent's Name)	
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:		
Depth to	Top: Botto	m: T.D		00 0			
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.		
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water	Records		Casing Re	cord (Su	urface, 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:				
Address 1: Addres				ss 2:			
City:			\$	State:		Zip:+	
Phone: ( )							
Name of Party Responsible for	r Plugging Fees:						
State of	County, _			, ss.			
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed	
	(Print Name)			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.



HELU ORDER

Nº C

50236

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

		• • • • • • • • • • • • • • • • • • •	DATE	4-Jun 20 20
S AUTHORIZED BY:	Bear Petroleum	(NAME OF CUSTOMER)		
Address		City	State	
TO TREAT WELL AS FOLLOWS Lease	Hoffman	Weil No. 1	Customer Order No.	
Sec. Twp. Range		County Russell	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 descount allowed subsequent to such date: 5% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price achedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS	ORI	DER	MŲS	T BE	SIG	<b>IED</b>
BEFO	RE	WOI	RK IS	CON	MAEN	KED

By Agent Well Owner or Operator UNIT **AMOUNT** DESCRIPTION QUANTITY CODE COST \$60.00 \$2.00 Mileage P.U. 20.0001 30 \$120.00 \$4.00 20.0002 30 Mileage P.T. \$650.00 \$650.00 1 Pump Charge Plug 20.0003 \$2,025.00 \$11.25 60/40 Poz 2% Gel 180 20.1002 \$22.00 \$88.00 Add. Gel after 2% Per Sack 4 20.1004 \$400.00 \$400.00 10.0013 1 AD1 Rental \$230.00 \$1.25 20.0011 184 **Bulk Charge** \$217.80 \$1.10 20.0012 198 **Bulk Truck Miles** Gallons Process License Fee on TOTAL BILLING \$3,790.80

		sed; that the above service was performed in a good and workmanlike e owner,operator or his agent, whose signature appears below.
Copeland Representative	Nathan W.	
Station GB		Dick S. Well Owner, Operator or Agent
Remarks		NET 30 DAYS

Acid & Cement	I
Acid & Cement	图.

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## TREATMENT REPORT

cid 8	k Cemen	t 🕮						Acid Stage No	). <del></del>	
				1	Type Treatment:	Amt.	Type Fluid	Sand Size	Pour	ds of Sand
. 6/	/4/2020 D	strict GB	F.O. No	50236	Bkdown		8bl./Gai.		_	
_	Bear Petroleu						Bbl./Gal.			
_	& No. Hoffmai						Bbi./Gai.			
			Field				Bbl./Gal.			
_	Russell		State KS		Flush		Bbl./Gal.			
<del></del>					Treated from		ft. to	h	No. ft.	0
ping:	She 5.5"	Type & Wt.		Set atft.	-		ft. to			0
mation:			Perf.	to	from		ft. to	ħ.		0
rmstion:				to	Actual Volume of 0	Oll / Water				Bbl./Gai
		<del></del>					·			
rmation:			Perf.		Dumo Tourks	No Used:	Std. <u>365</u> Sp.		Twin	
			Top atft.							
					Personnel Nath					
ping: ;		2"			Audiery Tools					
<del>.</del>	Perforated f		ft. to				s: Type			
		_ =	£. =			A MARIE INC.	, , , y pre	Gals	<del> </del>	lb.
en Hole	Size	T.D	π. γ.	8. toft.	<u> </u>	····				
							**-	Ab 18/		
прелу і	Representative		Dick S	·	Treeter		Na Na	than W.		
TIME		SURES	Total Fluid Pumped				REMARKS			
a./p.m.	Tubing	Casing					<del> </del>	<del></del>		
:30	2"	5.5"		On Location.						
		1	<u> </u>							
				Run packer to 1	202' Press	ure up	to 800# Pull pa	icker.		
			i							
				Mix 170sks 60/4	40poz 4%g	el at 12	233' Circulated	cement to	surface	out
		<b>†</b>		casing. Close in						
		<del>                                     </del>	<del> </del>				· · · · · · · · · · · · · · · · · · ·			
·		-		Top off with 10:	sks.		·····			
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		+	<del>                                     </del>	<del>                                     </del>						
	<del> </del>	<del> </del>	<del>                                     </del>	Thank You!	<del></del>					
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		<del>                                     </del>	<del>                                     </del>	Nathan W.						<del></del> .—
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