KOLAR Document ID: 1539990

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 Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	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 #: SWD Permit #:	County: Well #: Lease Name: Well #:
Is ACO-1 filed?	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	· · · · · · · · · · · · · · · · · · ·

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation Content		Casing Size Se		Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:	Name:
Address 1:	_ Address 2:
City:	State: Zip: +
Phone: ()	
Name of Party Responsible for Plugging Fees:	
State of County,	, SS.
(Print Name)	Employee of Operator or Operator on above-described we

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.

Submitted Electronically



60222

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Nº C

2-Dec 20

DATE

BOX 438 - HAYSVILLE, KANSAS 67060

316-524-1225

S AUTHORIZED BY:	BEAR PETROLEUM	(NAME OF CUSTOMER	R)	
ddress		City	State	
O TREAT WELL	DECHANT	Well No. <u>1 22</u>	Customer Order No.	
iec. Twp. Range		County RUSH	State	KS

ONDITIONS: 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 a held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or noted, 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 seid service or metment is payable. There will be no discount allowed subsequent to such date. 6% Interset will be charged after 80 days. Total charges are subject to correction by

ur 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.

HIS ORDER MUST BE SIGNED

IEFORE WORK IS COMMENCED By Agent Well Owner or Operator UNIT AMOUNT DESCRIPTION CODE QUANTITY COST \$4.00 \$120.00 Mileage P.T. 20.0002 30 \$650.00 \$650.00 20.0003 1 Pump Charge Plug \$11.25 \$2,531.25 20.1002 225 60/40 Poz 2% Gel \$24.00 Add. Gel after 2% Per Sack \$96.00 4 20.1004 \$0.40 \$40.00 20.1017 100 Hulls per lb. 20.0011 231 \$1.25 Bulk Charge \$288.75 \$1.10 20.0012 304.92 **Bulk Truck Miles** \$335.41 Gallons Process License Fee on TOTAL BILLING \$4,061.41

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



TREATMENT REPORT

Acid & Cement 🕰						Acid Stage No.	
			Type Treatment: Amt.		Type Fluid	Sand Size	Pounds of Sand
Date 12/2/2020 District GB	F.O. No		Bkdown	Bbi,/Gat		·	
Company BEAR PETROLEUM				Bbl./Gal.		<u></u>	· - · - · · · · · · · · · · · · · · · ·
Well Name & No. DECHANT FARMS 1-22				Bol./Gal.			<u></u>
Location	Field			Sbl./Gal.			
County RUSH	State KS		Flush	Bbi./Gai			
			Treated from	-	fL to	tt. N	o.ft. 0
Casing: Size 51/2 Type & WL		ft.	from		ft. to	ft. N	o. ft0
Formation:	Perf.	to	from		ft. to	ft. N	o.ft0
Formation:	Perf	to	Actual Volume of Oil / Wate	r to Load H	ole:		Bbl./Gai.
Formation:	Perf.	to					
Liner: Size Type & Wt. To	patft.	Bottom atft.	Pump Trucks. No. Used:	Std.	<u>320</u> sp		[win
Cemented: Yes Verforated from	f	t. toft.	Auxiliary Equipment			327	
Tubing: Size & Wt. 2 3/8	Swung at	ft.	Personnel GREG CLARE	NCE MIKI	E		
Perforated from	ft. to	ft.	Auxiliary Tools				
			Plugging or Sealing Material	s: Type	6	0/40 POZ MIX	4% GEL
Open Hole Size T.D	h. P.8	. toft.				Gals.	1b.

Company i	Representative			Treater		
TIME	PRESSURES		Total Fluid Pumped	REMARKS		
s.m./p.m.	Tubing	Casing				
8:45				ON LOCATION		
				PUMP 50 SKS WITH 100# HULLS @ 1200'		
		1		PULL TUBING. TIE ON TO 5 1/2 CASING. CIRCULATE CEMENT TO SURFACE		
				TOOK 175 SKS		
			· · · · ·			
				HOLE STAYED FULL		
		1	[
11:00				JOB COMPLETE		
		<u> </u>	ł			
				THANK YOU!!!		
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