KOLAR Document ID: 1605473

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 #: Gas Storage Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: Gas Storage Permit #:	County: Well #: Lease Name: Well #:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	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	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 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.

Submitted Electronically



FIELD ORDER

By

60481

21

Nº C

27-Dec 20

BOX 438 - HAYSVILLE, KANSAS 67060

316-524-1225

			DATE	27-Dec 20 2	1
IS AUTHORIZED BY:	BEAR PETROLEUM	(NAME OF CUSTOMER)			
Address		City	State	KS	
TO TREAT WELL AS FOLLOWS Lease	SHAFT	Well No. SWD	Customer Order No.		
Sec. Twp. Range		County BARBER	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 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			jent
CODE	QUANTITY	DESCRIPTION		UNIT COST	AMOUNT
20.0002	35	Mileage P.T.	· · · · · · · · · · · · · · · · · · ·	\$4.00	\$140.00
20.0003	1	Pump Charge Plug		\$650.00	\$650.00
20.1002	75	60/40 Poz 2% Gel		\$12.25	\$918.75
20.1004	2	Add. Gel after 2% Per Sack	······	\$24.00	\$48.00
20.1017	100	Hulis per lb.		\$0.40	\$40.00
			· · · · · · · · · · · · · · · · · · ·		
			<u></u>		
			······································		
20.0011	79	Bulk Charge	· · · · · · · · · · · · · · · · · · ·	MIN	\$150.00
20.0012	121.66	Bulk Truck Miles	······	MIN	\$150.00
		Process License Fee on	Gallons		
			TOTAL BILLING		\$2,096.75

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

cita e	k Comoni	r 🖗						Acid Stage No	h	
	& Cement				Type Treatment:	Amt.	Type Fluid	Sand Size	Poun	ds of Sand
	/27/2021 Dis	trict GB	F.O. No	C60481	Bkdown		I,			
	BEAR PETROLE			<u></u>]		I			
•	& No. SHAFT S]	Bbl./Ga	i			
cation		<u> </u>	Field]	Bbl./Ga	il			<u> </u>
	BARBER		State KS		Flush	ВЫ./G	il.			
					Treated from		ft. to	ft.	No. ft.	0
sing:	size 1/2	Type & Wt.		Set atft			ft. to		No. ft	0
ormation			Perf.	to	from		ft. to		No. ft.	0
				to	Actual Volume of	Oil / Water to Loa				Bb1./Gal.
rmation										
rmation			Perf Top atft.		Pump Trucks	No Lised: Std.	320 Sp.		Twin	
			rom 11.		: Auxiliary Equipme			327		
	· · · · · · · ·	-	Swung at		Personnel GREC					
Ding:	Perforated fr		ft_ to		. Auxiliary Tools					
	Periorated in				4					
						ig materials. Ty	pe			lb.
pen Holi	Size	T.D.	ft. P.	B. to						
mpany	Representative		DICK S	j.	Treater		G	REG C.		
TIME	PRES	SURES	Total Fluid Pumped			RE	MARKS			
	Tubing	Casing								
:00				ON LOCATION		· · · · · · · · · · · · · · · · · · ·			······	
:00				ON LOCATION		· · · · · · · · · · · · · · · · · · ·				
:00				ON LOCATION GET INJ RATE, 2	2 BPM 800#	}	······			
:00					2 BPM 800#		· · · · · · · · · · · · · · · · · · · ·			
:00				GET INJ RATE, 2			0 1500#, PR	ESSURE H	ELD	
:00							0 1500#, PR	ESSURE H	ELD	
00				GET INJ RATE, 2 PUMP 75 SKS A	ND 100# H	ULLS, PSI T				RE HELD
:00				GET INJ RATE, 2	ND 100# H	ULLS, PSI T				RE HELD
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