KOLAR Document ID: 1632604

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 #:			 AP	Pl No. 1	5				
Name:				Spot Description:					
Address 1:									
Address 2:									
City: State: Zip: +					Feet from East / West Line of Section				
Contact Person:			Fo	Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County: Lease Name: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date)					
Phone: ()									
Type of Well: (Check one)		OG D&A Cathodic	Co						
ENHR Permit #:	Gas Sto	rage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes	I I						
Producing Formation(s): List A	II (If needed attach another	sheet)	by:			(KCC District Agent's Name)			
Depth to	Top: Botton	m: T.D	_{Pli}	ıaaina (Commenced:				
Depth to	Top: Botto	m: T.D		00 0					
Depth to	Top: Botto	m:T.D		agging '	Completed.				
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing Record (Surf			Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
cement or other plugs were us		•	•			ds used in introducing it into the hole. If			
Plugging Contractor License #	::		Name:						
Address 1:			Address 2:						
City:			Sta	ate:		Zip:+			
Phone: ()									
Name of Party Responsible for	r Plugging Fees:								
State of	County, _		, s	is.					
			Γ	Em	nployee of Operator or	Operator on above-described well,			
	(Print Name)			'	ipioyee of Operator of	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.



FIELU ORDER Nº C 60393

BOX 438 - HAYSVILLE, KANSAS 67060

ACIO &	Ceme	TIL 25. 316-524-122						
			DATE	9-Sep 20 21				
IS AUTHORIZED	BY: BEA	R PETROLEUM (NAME OF CUSTO	DMER)					
Address	Anna Line	City	State	KS				
TO TREAT WELL AS FOLLOWS L		KINS Well No.	Customer Order No.					
Sec. Twp. Range 2-28S-8W	V	County KINGMAN	State	KS				
CONDITIONS: As a pert of be held lable for any dame implied, and no representa treatment is payable. Then our involcing department in The undersigne THIS ORDER MUST B	If the consideration age that may accome the seem of a will be no discount a coordance with all represents his ESIGNED	thereof it is agreed that Copetand Acid is to service or treat at owners net, the hersinb us in connection with said service or treatment. Copetand Acid Service has made no resisted on, as to what may be the results or effect of the servicing or treating and well. That allowed subsequent to such date. 6% interest will be charged after 60 days. Total of latest published price schedules. The experimental of the duty authorized to sign this order for well owner or operator.	presentation, expressed or re-consideration of said service or rerges are subject to correction by					
BEFORE WORK IS CO	DMMENCED	Well Owner or Operator		Agent				
CODE C	VITTUAUS	DESCRIPTION	UNIT	AMOUNT				
20.0002	50	Mileage P.T.	\$4.00	\$200.00				
20.0003	a demand	Pump Charge Plug	\$650.00	\$650.00				
20.1001	320	Common Cement Sack	\$13.25	\$4,240.00				
20.1012	4	Calcium Chloride per 50 lb.	\$40.00	\$160.00				
20.0011	324	Bulk Charge	\$1.25	\$405.00				
20.0012	761.4		\$1.10	\$837.54				
es 400 September de	-	Process License Fee on	Gallons	the second second				
			OTAL BILLING	\$6,492.54				
I certify that the manner under Copeland Rep	the direction	terial has been accepted and used; that the above service n, supervision and control of the owner, operator or his age GREG C	was performed in a good and ent, whose signature appears t	workmanlike pelow.				
Station GB	L CONTRACTOR	DICK S						
Remarks	La contra	in the property of the second	Well Owner, Operator or A	gent				

NET 30 DAYS

Acid & Cement	ī
Acid & Cement	

TREATMENT REPORT

Date 9/9/2021 District GB F.O. No. C60393 Company BEAR PETROLEUM Well Name & No. HOSKINS Location 2-28S-BW Field County KINGMAN State KS					Bkdown	Bbl./Gal.				nds of Sand
					Treated from		t. to		_	
		Type & WL					h. to	ft.	No. ft.	0
Formation:			Perl.	All Selections and the selection of the	Actual Volume of Oil				10.400	Bbl./Gal.
Formation:	Super president		Perl.		Actual Volume of Oil	7 Water to book no	100-10-10-10-10-10-10-10-10-10-10-10-10-		SAME Y	
Liner: Siz	e Type & emented: Yes	▼ Perforated f	Top at ft.	Bottom atR. ft. toft.	Pump Trucks. No Auxillary Equipment		320 Sp	327	_Twin	
Tubing: S	Perforated fr		Swung at	A SECURE OF THE PARTY OF THE PA	Personnel GREG C					
	Personaucu si	om	ft. to		Audiliary Tools Plugging or Sealing M			1	100	
Open Hole :	Size	T.D	R. P.	The state of the s		naterials. Typ.	6, 10, 16.	Gals.	wet die	lb.
Company R	epresentative		DICKS		Treater		GRE	G C.		1973 19 3 3
TIME	All and the same	SURES	Total Fluid Pumped			REMAR	KS	YA JE	400.4	
am/pm	Tubing	Casing	Property of Colors	ON LOCATION				Alloy I be		
8:15				ONLOCATION						
				PUMP 35 SKS CC	MMON 3%	CC @ 1240'	WAIT TO T	AG		
1 200				PUMP 35 SKS COMMON 3% CC @ 800'						na es
	Coulter a	e e e e e e e e e e e e e e e e e e e								41 6
				PRESSURE TEST	CASING, CAS	ING DIDN'T	HOLD	e de la companya de l	Aller ett	
				CIRCULATE CEMENT FROM 400' TO SURFACE. TOOK 230 SKS						
71.A.				TOP OFF WITH 2	O SKS					
2:45				JOB COMPLETE						
4				THANK YOU!!!						
10 Sec. 143	THE PART OF	9 4		41 July 2						
1,0%	7-10-2				10000					
Description	* The VIII		1000				er Aller Ver	y = 100 m		196