KOLAR Document ID: 1649202

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 #:			1	API No. 1	5			
Name:				Spot Desc	cription:			
Address 1:					Sec T	wp 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 Near	est Outside Section Corner:		
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)	Oil Well Gas Well Other:			,				
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes	No		•	roved on: (Date)		
Producing Formation(s): List A	II (If needed attach another	sheet)				(KCC District Agent's Name)		
Depth to	Top: Botto	m: T.D						
Depth to	Top: Botto	m: T.D						
Depth to	Top: Botto	m:T.D		Flugging	Completed			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing F	Record (Surf	ace, Conductor & Produ	uction)		
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:				State:		Zip:+		
Phone: ()				-				
Name of Party Responsible for	r Plugging Fees:							
State of	County, _			, ss.				
				Fm	nplovee of Operator or	Operator on above-described well,		
	(Print Name)				, ,,			

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

Ву

N° C

60584

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

			DATE	<u>16-Jun</u> 20	22
S AUTHORIZED BY:	BEAR PETROLEUM	ANALL AL MISTANE		······	
Address		(NAME OF CUSTOMER) City	State	KS	
TO TREAT WELL AS FOLLOWS Lease	MOORE	Well No. 1	Customer Order No.		
Sec. Twp. Range		County RUSH	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

	COMMENCED	Well Owner or Operator		gent
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0002	40	Mileage P.T. Round Trip	\$6.00	\$240.00
20.0003	1	Pump Charge Plug	\$700.00	\$700.00
20.1002	190	60/40 Poz 2% Gel	\$13.00	\$2,470.00
20.1004	44	Add. Gel after 2% Per Sack	\$25.25	\$101.00
20.1005	10	Gel on side per sack	\$25.25	\$252.50
				
20.0011	204	Bulk Charge	\$1.25	\$255.00
20.0012	359.04	Bulk Truck Miles	\$1.10	\$394.94
		Process License Fee on Gallons		
		TOTAL BILLING		\$4,413.44

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			
	N!	ET 30 DAYS	



TREATMENT REPORT

Acid	& Cemen	it 🚨						Acid Stage No.	
Data 6	./16/2022 n	istrict GB	F.O. N	n C60584	Type Treatment: Bkdown	Amt. Bbl./Gal.	Type Fluid	Sand Size	Pounds of Sand
	BEAR PETROL		7.0.						
	& No. MOORE							· ··· · · · · · · · · · · · · · · · ·	
	a no. moone		Field		1 —				
	RUSH		State KS		flush				
County	110311								ft. 0
	- 4/0				Treated from		-ft. to		
Casing:	•		•	Set atft.	ŧ		_ft. to		
Formation			Perf.		from		ft. to	ft. No	ft. 0
Formation	:		Perf	to	Actual Volume of	Oil / Water to Load I	-tole:		Bbl./Gal.
Formation	ı:		Perf.	to					
Liner: Si	ге Түре &	Wt.	Top atft.	Bottom atft.	Pump Trucks.	No. Used: Std.	320 Sp.	Tv.	vin
(Cemented: Yes	▼ Perforated fr	rom	ft. toft.	Auxiliary Equipme	ent		360-308T	
Tubing:	Size & Wt.		Swung at	ft.	Personnel GREG	JOE			
	Perforated fr	om	ft. to	ft.	Auxiliary Tools			·	, , <u></u>
	****				Plugging or Sealin	g Materials: Type	,		
Open Hole	Size	T.D	ft. P.	B. to ft.	l .			Gals.	lb.
Company	Representative		DICK S	.	Treater	_	GR	EG C.	
TIME	PRES:	SURES				2514			
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REM	AKKS		
2:15				ON LOCATION		-			
									
<u> </u>				PUMP 10 GEL &	75 SKS @	1150'			
├ 			†						·
<u> </u>			†···	PUMP 75 SKS @	550'			•	
 				701417 73 383 @	, 330				
<u> </u>			 	CIDCLII ATE CEN	IENT EDONA	AOLTO CUD	FACE TOOK	10.545	
<u> </u>			 	CIRCULATE CEM	IENT FROM	40' 10 SUR	FACE. TOOK	. 40 SKS	
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				HOLE STAYED FL	<u>ULL</u>				
6:30				JOB COMPLETE					
				THANK YOU!!!			·		
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FIELD ORDER Nº C _______60585

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

			010-02-4-				
				C	ATE	17-Jun	202
IS AUTHORIZED I	BY: <u>BE</u>	AR PETROLEUM	(NAME OF CU	STOMER)			
Address					State	KS	
TO TREAT WELL							
AS FOLLOWS Le	ease <u>MO</u>	ORE	Well No1_	Custon	ner Order No.		
Sec. Twp.							
Range			County RUSH			KS	
be held liable for any dame; implied, and no representali treatment is payable. There our invoicing department in The undersigned	ge that may accions have been will be no disco accordance will represents h	in hereof it is agreed that Copeland Acid is to service of rue in connection with said service or treatment. Copel relied on, as to what may be the results or effect of the unit allowed subsequent to such date. 6% interest will I I latest published price schedules. Imself to be duty authorized to sign this order for	land Acid Service has made e servicing or treating said wi be charged after 60 days. To	no representation, expressed on ell. The consideration of said s	or ervice or		
THIS ORDER MUST BE BEFORE WORK IS CO				Ву			
		Well Owner or			UNIT	Agent	
CODE Q	UANTITY	DESC	CRIPTION		COST	Aλ	TAUON
20.1001	20	Common Cement Sack		· · · · · · · · · · · · · · · · · · ·	\$16.25		\$325.0
						<u> </u>	· · · · · · · · · · · · · · · · · · ·
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		Process License Fee on		Gallons		<u> </u>	
Loogify that the	abaya ma			TOTAL BILLING			\$325.0
manner under t	above ma he directio	terial has been accepted and used; to supervision and control of the own	that the above servier.	/ice was performed ir agent, whose signati	r a good and v ire annears be	vorkmanl Plow	ike
Copeland Repr		JOE S.					
Station GB			DICK	e e			
- Classico			DICK		er. Operator or Ag	ent	
Remarks							

NET 30 DAYS