KOLAR Document ID: 1649204

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:				SecTwp S. R East West					
Address 2:				Feet from					
City:				Feet from East / West Line of Section					
Contact Person:				es Calculated from Near	est 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 #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)				County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)					
Depth to		m: T.D	Pluggin	g Commenced:					
Depth to	•	m: T.D	I Pluaain	g Completed:					
Depth to	Top: Botto	m:T.D							
Show depth and thickness of a	all water, oil and gas forma	ations.	I						
Oil, Gas or Water	Records		Casing Record (St	g Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us		_			ods used in introducing it into the hole. If				
Plugging Contractor License #		Name:	e:						
Address 1:		Address 2:	ess 2:						
City:			State:		Zip:+				
Phone: ()									
Name of Party Responsible fo	r Plugging Fees:								
State of	County, _								
	(Duint Mone)		L E	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.



ORDER N° C 60578

			316-524-1225		
10 4117110017				DATE	14-Jun 20 22
IS AUTHORIZE	ED BY: BE	AR PETROLEUM	(NAME OF CUSTOMER)		
Address			City	State	KS
TO TREAT WE					
AS FOLLOWS	Lease RE	VIS	Well No. 2	Customer Order No.	
Sec. Twp. Range <u>27-18-</u>	16W		County RUSH	State	KS
be held liable for any outplied, and no repressive atment is payable. To our invoicing department	damage that may acceptations have been there will be no discont in accordance wit gned represents har T BE SIGNED	on hereof it is agreed that Copeland Acid is to service or tre- rue in connection with said service or treatment. Copeland, relied on, as to what may be the results or effect of the sen- runt allowed subsequent to such date. 6% interest will be of a latest published price schedules. Imself to be duly authorized to sign this order for we	Acid Service has made no representation, e ricing or treating said well. The consideratio harged after 60 days. Total charges are subj	xpressed or n of said service or ect to correction by	
BEFORE WORK IS	COMMENCED	Well Owner or Ope	erator	By	Agent
CODE	QUANTITY	DESCRI	PTION	UNIT ÇOŞT	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	110	60/40 Poz 2% Gel		\$13.00	\$1,430.00
20.1004	2	Add. Gel after 2% Per Sack		\$25.25	\$50.50
20.1005	10	Gel on side per sack		\$25.25	\$252.50
	 		<u> </u>		
	·····				
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	-				
					
20.0011	122	Bulk Charge		\$1.0F	
20.0012	214.72	Bulk Truck Miles		\$1.25	\$152.50
		Process License Fee on	Gallons	\$1.10	\$236.19
			TOTAL BIL	LING	\$2.064.00
I certify that	the above ma	erial has been accepted and used; that	the above service was perfor	med in a good and w	\$3,061.69 orkmanlike
manner unde	er the direction	n, supervision and control of the owner,	operator or his agent, whose s	signature appears bel	ow.
Copeland Re	epresentative	GREG C.			

NET 30 DAYS

DICK S.

Well Owner, Operator or Agent

Station GB

Remarks



TREATMENT REPORT

Acid 8	e Cemen	T 凰							Acid Sta	ge No.	
iciu o	C COLLECT				Type Treatme	nt: Amt.		Type Fly	uid Sand S	Size Po	ounds of Sand
	14/2022 -	tania 69	F.O. N	∘ C60578	Bkdown						
	14/2022 D										
	SEAR PETROL				1 -		_				
	& No. REVIS#		Field		7 -	·	_				
ocation _ County F	OLICH .		State KS								
county r	10311		3,000		_		-				0
	(-			6-4-4	Treated from					ft. No.ft.	
				Set atto				ft. to		ft. No.ft.	
Formation:											Bbl./Gal.
Formation:			Perf.	to	Actual Volum	e of Oil / Wat	er to Load	HOIR:	-		BUL/Gal.
Formation:		<u></u>	Perf.	to	_						
	еТуре 8	Wt	_Top at ft.	Bottom at	ft. Pump Trucks.						<u>-</u>
			rom		ft. Auxiliary Equi				360-308	<u> </u>	
Tubing: 5	Size & Wt		Swung at		ft. Personnel <u>G</u> l						
	Perforated f	rom	ft. to		ft. Auxiliary Tool						
					Plugging or Se	aling Materi	als: Type	·			
Open Hole	Size	T.D.	ft. P	B. to	ft					Gals.	lb.
Company f	Representative		DICK S),	Treater				GREG C.		
TIME	PRES	SSURES	Total Fluid Pumped				RFM	ARKS			
a.m./p.m.	Yubing	Casing	100077121012117								
8:45				ON LOCATION							
		_		PUMP 10 GEL	WITH 50 S	KS @ 1	100'				
				PUMP 40 SKS	@ 500'	•				· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·										
				CIRCULATE CE	MENT TO	SURFAC	E @ 40)'. TOOK	20 SKS		
		 						,			
		 		HOLE STAYED	FIIII						
		<u> </u>	 	HOLESTATES							
12:45	·	<u> </u>		JOB COMPLET						 	
12.43		-	 	JOB COMPECT	<u> </u>			·			· · · · · · · · · · · · · · · · · · ·
		 	 	THANK YOU!!!							
			 	THANK TOU!!!							
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ORDER N° C 60582

	<u> </u>		316-524-1225		
				DATE	16-Jun 20 22
S AUTHORIZE	D BY: BE	AR PETROLEUM	(NAME OF CUSTOME	R	
Address				State	KS
TO TREAT WE	LL				
AS FOLLOWS		EVIS	Well No. 2	Customer Order No.	
Sec. Twp.					
Range			County RUSH	State	KS
pe held liable for any da mplied, and no represei reatment is payable. Th our invoicing departmen	mage that may ac ntations have bee here will be no disk it in accordance wined represents. BE SIGNED	tion hereof it is agreed that Copeland Acid is to service or occure in connection with said service or treatment. Copelar in relied on, as to what may be the results or effect of the socurnt allowed subsequent to such date 6% interest will be other than the test published price schedules himself to be duly authorized to sign this order for the content of the c	nd Acid Service has made no represent ervicing or treating said well. The con- e charged after 60 days. Total charges well owner or operator.	nlation, expressed or sideration of said service or are subject to correction by	
CODE	OUANTITY	Well Owner or C		UNIT	Agent
CODE	QUANTITY	DESCI	RIPTION	COST	AMOUNT
20.1001	10	Common Cement Sack		\$16.25	\$162.50
					
					
					
	, , , , , ,				
				-	
					
					<u> </u>
					
					
		Process License Fee on	Gall	ons	
1 47 41 + 11			TOTA	L BILLING	\$162.50
i certify that the manner under	ne above ma r the direction	aterial has been accepted and used; thon, supervision and control of the owner	at the above service was	performed in a good and w	vorkmanlike
Copeland Re			., operator or the agent, w	nose signature appears be	elow.
Station GB			DICK S.		
			<u> </u>	Well Owner, Operator or Age	ent
Remarks					