KOLAR Document ID: 1669698

**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. 15	5			
Name:								
Address 1:				Sec Twp S. R East V				
Address 2:				Feet from North / South Line of See				
City: State: Zip:+								
Contact Person:								
Phone: ( )					NE NW	SE SW		
Type of Well: (Check one)		OG D&A Cathodi  SWD Permit #:		,		Mall #.		
ENHR Permit #:	rage Permit #:		Lease Name: vveii #:					
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes	No		•	roved on: (Date)		
Producing Formation(s): List A			_			(KCC <b>District</b> Agent's Name)		
• ( )	,	m: T.D						
Depth to		m: T.D		00 0				
Depth to		m: T.D		Plugging (	Completed:			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing F	Record (Surfa	ace, Conductor & Produ	ction)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us		-		•		ds used in introducing it into the hole. If		
Plugging Contractor License #	:		Name: _					
Address 1:				dress 2:				
City:				State:		Zip:+		
Phone: ( )				-				
Name of Party Responsible for	r Plugging Fees:							
State of	County, _			, ss.				
	,				ployee of Operator or	Operator on above described well		
	(Print Name)			=	ployee 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.



FIELD ORDER

N° C

60645

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

State KS	<del></del>
tomer Order No.	
State KS	
	omer Order No.

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

RE WORK IS	COMMENCED	Well Owner or Operator		ent	
CODE	QUANTITY	DESCRIPTION		UNIT COST	AMOUNT
20.0002	90	Mileage P.T.		\$6.00	\$540.0
20.0003	1	Pump Charge Plug		\$700.00	\$700.0
20.1002	375	60/40 Poz 2% Gel		\$13.25	\$4,968.7
20.1004	7	Add. Gel after 2% Per Sack		\$25.25	\$176.7
20.1005	5	Gel on side per sack		\$25.25	\$126.2
20.1017	500	Hulls per lb.		\$0.50	\$250.0
20.0011	397	Bulk Charge		\$1.25	\$496.2
20.0012	786.06			\$1.10	\$864.6
20.0012	700.00	Process License Fee on	Gallons	ψ1.10	<del>\$004.</del> (
· · · ·			TOTAL BILLING		\$8,122.6

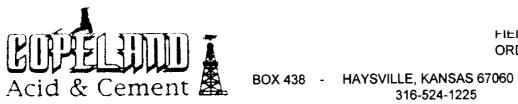
I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Station GB DICK S. Well Owner Operator or Agent	Copeland Representative	GREG C.		
Well ()wher ()herator or Ahent	Station GB		DICK S.	
· · · · · · · · · · · · · · · · · · ·				Well Owner, Operator or Agent
Remarks NET 30 DAYS	Remarks	NET 20 DA	ve	***************************************



## TREATMENT REPORT

Acid 6	& Cemen	ıt 🕮							A	Acid Stage N	ō. <u> </u>	
		· <del></del>		†	Type Treatment:	Amt.		Type F	luid	Sand Size	Po	unds of Sand
nate of	16/2022 ^	istrict GB	F.O. No		Bkdown							
	BEAR PETROL											
_	& No. FLYNN #				<u> </u>							
	& NO. FLITTIE		Field		]							
County			State KS		Flush		Bbl./Gal.					
					Treated from			ft. to		ft.	No. ft.	0
Casier	Sizo # 1/2	Tupo P 12/1		Set atft.	_			ft. to			No. ft.	
	312C 4 1/2	- Type or VVI.	Perf.	to	from			ft. to			No. ft.	0
Formation:					Actual Volume o	f Oil / Wasse						Bbl./Gal.
Formation:			Perf.		Actual volume o	Jii / Wrate	au r					
Formation:	<u></u>		Perf.	to	<b>}</b>		c. !	220	5-		Tuelo	
	reType &	. Wt	Top atft.	Bottom atft.	Pump Trucks.		Std.	320	_	0-308T	- IWIN -	
			rom		Auxiliary Equipm		JCE		<u> </u>	-3U01		
Tubing:			Swung at		Personnel GRE		100					_
	Perforated f	rom	ft. to	ft.	Auxiliary Tools		<del></del>					
					Plugging or Seali	ing Material	s: Type	·				
Open Hole	Size	T.D	ft. P.	B. toft.						Gal	à.	lb.
	_		<u></u>		_				CREE	<u></u>		
	Representative		DICK S	).	Treater				GREG	C.		
TIME		SSURES	- Total Fluid Pumped				REMA	<b>ARKS</b>				
a.m./p.m.	Tubing	Casing	-	ONLOCATION			<del></del>					
8:15		<b></b>		ON LOCATION			<del></del>					
		<u> </u>		B144.55.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5		4.1-	00		àca:			
		<u> </u>	<b>_</b>	PUMP 5 GEL AN	ID 50 SKS \	WITH 2	00# H	ULLS @	<u>3500'</u>			
		<u> </u>										
				CIRCULATE CEM	IENT FROM	<b>1</b> 2050	<u>'. TOO</u>	K 250 S	KS AN	D 300#	HULLS	5
				TIE ON TO 8 5/8	, PUMPED	) 50 SKS	S, PRES	SSURED	UP TO	300#		
	i			TOP OFF WITH :	25 SKS							
					· · · · · · · · · · · · · · · · · · ·			<del></del>				
12:00				JOB COMPLETE		· ·						
	<u> </u>	†								<del></del>	· · ·	
		<del>                                     </del>	1	THANK YOU!!!		··· ·		<u> </u>				<u>.                                    </u>
	<u> </u>	<del> </del>	†									
	<u> </u>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>								
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FIELD 

icia a		The beams	316-524-1225		.= 4 00 00
				DATE	17-Aug 20 22
IS AUTHORIZE	D BY: BEA	R PETROLEUM	(NAME OF CUSTOME	R)	
Address			•	State	KS
TO TREAT WE					
AS FOLLOWS	Lease FL*	NN E	Well No. 4	Customer Order No.	
Sec. Twp. Range			County ELLIS	State	KS
CONDITIONS: As a pa be held liable for any d implied, and no represe treatment is payable. T our invoicing departme	amage that may acci entations have been here will be no disco int in accordance with gned represents hi	n hereof it is agreed that Copeland Acid is to service of the in connection with said service or treatment. Copel relied on, as to what may be the results or effect of the unt allowed subsequent to such date. 6% interest will in a latest published price schedules mself to be duly authorized to sign this order for	r treat at owners risk, the hereinbefore or and Acid Service has made no represer servicing or treating said well. The con- pe charged after 60 days. Total charges	mentioned well and is not to ntation, expressed or sideration of said service or	
BEFORE WORK IS		Well Owner or		By	Agent
0005	OLIANITITY		CRIPTION	UNIT	AMOUNT
CODE	QUANTITY	T	JAIF HON	COST	T
20.1002	20	60/40 Poz 2% Gel		\$13.25	\$265.00
20.1004	11	Add. Gel after 2% Per Sack		\$25.25	\$25.25
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		Process License Fee or	Ga Ga	illons	
				AL BILLING	\$290.2
I certify that	t the above m	aterial has been accepted and used on, supervision and control of the ow	that the above service wa	s performed in a good and	workmanlike
	Representative				
Station G			DICK S.	Well Owner, Operator or A	gent
Remarks		NO.	ET 30 DAYS	vveii Owner, Operator of A	yen
		N	EIJUDATO		