KOLAR Document ID: 1669695

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: | | | | Spot Description: | | | | | | | |
| | | | | | | | | Address 2: | | | |
| Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: | | | | | | | | | | | |
| | | | | | | | Phone: () | | | | |
| Type of Well: (Check one) | | OG D&A Cathodi SWD Permit #: | | , | | Mall #. | | | | | |
| ENHR Permit #: Gas Storage Permit #: | | | | | Lease Name: Well #: 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 | | | _ | | | (KCC District Agent's Name) | | | | | |
| • () | , | m: T.D | | | | | | | | | |
| Depth to | | m: T.D | | Plugging Commenced: | | | | | | | |
| 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 | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 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: | | | Address | 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.



FIELU ORDER

N° C

Agent

60650

\$6,900.49

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

| | | | DATE18-Aug 20 | 22 |
|-----------------------------------|----------------|--------------------|--------------------|----|
| S AUTHORIZED BY: | BEAR PETROLEUM | (NAME OF CUSTOMER) | | |
| \ddress | | City | State KS | |
| TO TREAT WELL AS FOLLOWS Lease | FL¶NN EAST | Well No. 3 | Customer Order No. | |
| Sec. Twp. Range | | County ELLIS | 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 demage 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.

BEFORE WORK IS COMMENCED

Well Owner or Operator

TINU **AMOUNT** CODE QUANTITY DESCRIPTION COST \$6.00 \$540.00 Mileage P.T. 20.0002 90 \$700.00 \$700.00 20.0003 1 Pump Charge Plug \$3,975.00 \$13.25 20.1002 300 60/40 Poz 2% Gel \$25.25 \$151.50 20.1004 6 Add. Gel after 2% Per Sack 7 \$25.25 \$176.75 20.1005 Gel on side per sack 500 20.1017 \$0.50 \$250.00 Hulls per lb. 20.0011 323l \$1.25 **Bulk Charge** \$403.75 20.0012 639.54 **Bulk Truck Miles** \$1.10 \$703.49

| manner under the direction, | supervision and control of the owner,operator | or or his agent, whose signature appears below. |
|-----------------------------|---|---|
| Copeland Representative | GREG C. | |
| Station GB | | DICK S. |
| Remarks | | Well Owner, Operator or Agent |

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike

Gallons
TOTAL BILLING

Process License Fee on



TREATMENT REPORT

| Acid & Cement | | | | | | Acid Stage No. | | | | | | |
|-----------------|----------------------------|--------------|--|---------------------------------------|-------------|---------------------------|---------------|---------------------|--------------|--------------|----------|--------------|
| ,0,0 | ~ Currer | | | | Tune T | reatment: | Amt. | | Type Flui | d Sand Siz | re Poi | unds of Sand |
| | /10/2022 - | ietriet GR | F.O. No. | n C60650 | | wn | | | .,, | | | |
| | /18/2022 D | | | | | | | | | | | |
| - | BEAR PETROL & No. FLYNN E | | | | _ | | | | | | | |
| | | | Field | | | - | | | | | | |
| | FILIS | | State KS | · · · · · · · · · · · · · · · · · · · | Flush | | | | | | | |
| County | ELLIS | | 31010 110 | | | | | | | ft. | No ft | 0 |
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| | Size 4 1/2 | type & wt. | Perf. | Set at | | from | | | | ft | | |
| Formation | | | | | | Volume of | Oil (Mate | | | | | Bbl./Gal. |
| Formation | | | Perf. | ¹⁰ | Actua | voidine o | On / Wate | i (U LUZU N | oie. | | | - 001.7041. |
| Formation | | | Perf. | | | To color | Na Head | f + 4 | 330 c | _ | Twin | |
| | | | | Bottom at | | | | | | p | | |
| | | | Swung at | ft. to | | ary Equipme Innel GREC | | | | 360-3081 | | |
| rubing: | Perforated f | | ft. to | | _ | ary Tools | | | | | · ······ | |
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| Open Hole | Size | T.D. | π. γ. | B. to | _ft. | | | | <u></u> | | Jd15. | 10. |
| £ | Representative | | DICK S | : | , | Freater | | | | GREG C. | | |
| TIME | · | SSURES | T DIEK S | · | | | | | | Onco o. | | |
| a.m./p.m. | | Casing | Total Fluid Pumped | | | | | REMA | RKS | | | |
| 9:30 | | | | ON LOCATIO | N | | | - 1-17 1 | | " ' : . ' | | |
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| ļ | | | | PUMP 7 GEL | AND 50 | SKS W | VITH 2 | 00# HI | JLLS @ 3 | 850' | | |
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FIELD ORDER **N**C 60654

FIEI ORI - HAYSVILLE, KANSAS 67060

| Acid & 1 | Ceme | nt 🕮 💍 | 316-52 | 4-1225 | 5.4.TE | 22 Aug | 20 | 22 |
|--|--|---|--|--|--------------------|--|----------------|-------------|
| | - | | | | DATE | zo-Mug | | 44 |
| AUTHORIZED | BY: BEA | R PETROLEUM | (NAME OF | CUSTOMER) | · | | | |
| ddress | | | City | | State | KS | <u></u> | |
| O TREAT WELL | - | NN EAST | Well No. | 3 Custo | mer Order No. | | | |
| ec. Twp. ange | | | | us | | KS | | |
| a held liable for any dam aplied, and no represent satment is payable. The | nage that may accor- lations have been of re will be no disco- in accordance with ed represents hi | n hereof it is agreed that Copeland Acid is to senue in connection with said service or treatment. (relied on, as to what may be the results or effect and allowed subsequent to such date 6% interestrates published price schedules moself to be duly authorized to sign this ord | coperand Acid Service has not the servicing or treating sells will be charged after 60 day | and well. The consideration of said ys. Total charges are subject to co | service of | | | |
| EFORE WORK IS C | | Well Own | er or Operator | By | | Agent | | |
| CODE | QUANTITY | | ESCRIPTION | | UNIT COST | F | MOUNT | |
| 20.1002 | 20 | 60/40 Poz 2% Gel | | | \$13.25 | | \$265 | .00 |
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| | | Process License Fee | on | Gallons | | | | |
| Loopin that | the above m | aterial has been accepted and u | sed that the above | TOTAL BILLIN | | d workma | \$26 anlike | <u>ن. ر</u> |
| manner und | er the directi | on, supervision and control of the | e owner,operator of | r his agent, whose sigr | ature appears | below. | | |
| Copeland Ro | | | | | | | | |
| · | · | | | ICK S. | | | | |
| Station Gf | · | | <u>_</u> | Well | Owner, Operator or | Agent | | _ |

NET 30 DAYS