KOLAR Document ID: 1669731

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 -				
			Spot Description:					
Address 1:			I .	•	Twp 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:			Footage	s Calculated from Near	rest Outside Section Corner:			
Phone: ()				□ NE □ NW	SE SW			
Water Supply Well ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s):	Other: Ga S No If not, i	SWD Permit #: as Storage Permit #: swell log attached? Yes [nother sheet) Bottom: T.D.	Lease N Date We The plug	lame:ell Completed: gging proposal was app	oroved on: (Date) (KCC District Agent's Name)			
De	pth to Top:	Bottom: T.D	""					
De	pth to Top:	Bottom:T.D	——— Plugging	g Completed:				
Show depth and thickness	ss of all water, oil and gas	formations.						
Oil, Gas or l	Water Records	Records		ace, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
		plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth placed from the muter of same depth placed from the same depth placed from t	·		ods used in introducing it into the hole. If			
Plugging Contractor Lice	ense #:		_ Name:					
Address 1:			_ Address 2:					
City:			State:					
Phone: ()								
Name of Party Responsi	ble for Plugging Fees:							
State of	Cou	unty,	, SS.					
	(Print Na	ma)	E	mployee 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

60656

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

		DATE	24-Aug 20	22
BEAR PETROLEUM	(NAME OF CUSTOME)	к)		
	City	State	KS	
GLASS	Well No. 6	Customer Order No.		
	County TREGO	State	KS	
		City GLASS Well No. 6	City State	City 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 letest published price schedules.

The undersigned represents himself to be duty authorized to sign this order for well owner or operator.

THIS ORDER MUS	ST BE SIGNED
----------------	--------------

BEFORE WORK IS COMMENCED

BEFORE WORK IS	COMMENCED		ву _		
		Well Owner or Operator	UNIT	ent	
CODE	QUANTITY	DESCRIPTION		COST	AMOUNT
20.0002	90	Mileage P.T.		\$6.00	\$540.00
20.0003	1	Pump Charge Plug		\$700.00	\$700.00
20.1002	230	60/40 Poz 2% Gel		\$13.25	\$3,047.50
20.1004	5	Add. Gel after 2% Per Sack		\$25.25	\$126.25
20.1005	7	Gel on side per sack		\$25.25	\$176.75
20.1017	300	Hulls per lb.		\$0.50	\$150.00
20.0011	248	Bulk Charge		\$1,25	\$310.00
20.0012	491.04	Bulk Truck Miles		\$1.10	\$540.14
		Process License Fee on	Gallons		

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	
	NET 30 DAYS

TOTAL BILLING



TREATMENT REPORT

cid 8	cemen	t 🏝					Acid Stage No.			
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pou	inds of Sand
0/	24/2022 ~	etrict GR	F.O. N	a C60656	Bkdown		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			F.O. N							
_	BEAR PETROL & No. GLASS #									
			Field		1 —					
_	rrego		State KS		Flush					
runty I	INEGO		,,a.e 113			 ` '			No.ft.	0
		_			Treated from		ft. to		No. ft.	
	Size 4 1/2	Type & Wt.		Set atft.	i ———		ft. to			0
ormation:			Perf		from		ft. to	10.	. 10. 11.	
ormation:			Perf.	to	Actual Volume of Oil /	Water to Load H	ole:			Bbl./Gal.
ormation:			Perf.	to						
ner: Sizi	eType &	Wt	Top atft.	Bottom atft.	Pump Trucks. No. l				Twin	
			from		Auxiliary Equipment			360-308T		
ubing: 5			Swung at		Personnel GREG CL/	ARENCE				-
	Perforated fr	om	ft. to	ft	Auxiliary Tools			<u>.</u>		
		·			Plugging or Sealing Ma	iterials: Type				
Open Hole	Size	T.D	ft, P.	B. toft	<u> </u>			Gals.		lb.
ompany R	lepresentative		DICK S		Treater		GR	EG C.		
TIME	PRES	SURES	Tanal Shirts D			REMA	RKS			
.m./p.m.	Tubing	Casing	Total Fluid Pumped			MEINIM				
:45				ON LOCATION						
			1							
				WAIT ON WATE	R FOR 1 HOU	R				
	······································	<u> </u>	1							
- 				PUMP 7 GEL AN	ID 50 SKS WIT	H 200# H	JLLS @ 380	0'		
			1							
		 	+	PUMP 90 SKS W	VITH 100# HIII	15@220	0'			
				11 OHI 30 3K3 V	100# 1101					
		 		CIRCULATE CEN	AENT EDOM OF	ייום מד יחז	REACE TOC	K 75 CKC	FOR T	HF A 1/2
		1				00 10 301	MI ACE. TOC	/K / J J K J	, ON II	116 7 1/6
		ļ		AND 5 SKS FOR	17E 8 5/8					
					40.000					
				TOP OFF WITH	10 SKS					
		<u> </u>			· · · · · · · · · · · · · · · · · · ·			* * *		
1:30				JOB COMPLETE						
							<u></u>			
				THANK YOU!!!						
\dashv		 	1							
		<u> </u>					·	· · · · · · · · · · · · · · · · · · ·		
		<u> </u>								
								 		
		 			. <u> </u>					
	l	1		!						