KOLAR Document ID: 1669736

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:	Sec 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:	Footages Calculated from Nearest 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 #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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) Depth to Top: Bottom: T.D.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced:
Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.	Plugging Completed:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Casing Size Setting Depth Pulled Out		

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:	Name:
Address 1:	Address 2:
City:	State: Zip: +
Phone: ()	
Name of Party Responsible for Plugging Fees:	
State of County,	, SS.
(Print Name)	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.

Submitted Electronically



FIELD ORDER

By

N°	С	60647

BOX 438 - HAYSVILLE, KANSAS 67060

316-524-1225

			DATE	17-Aug 20	22
IS AUTHORIZED BY:	BEAR PETROLEUM				
		(NAME OF CUSTOME	:R)		
Address		City	State	KS	
TO TREAT WELL AS FOLLOWS Lease	HALL	Well No1	Customer Order No.		
Sec. Twp. Range		County ELLIS	State	KS	
CONDITIONS: As a part of the cont	ideration hereof it is agreed that Copeland Acid is to s	ervice 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

		Well Owner or Operator		jent
CODE	QUANTITY	DESCRIPTION		AMOUNT
20.0002	90	Mileage P.T.	\$6.00	\$540.00
20.0003	1	Pump Charge Plug	\$700.00	\$700.00
20.1002	305	60/40 Poz 2% Gel	\$13.25	\$4,041.25
20.1004	6	Add. Gel after 2% Per Sack	\$25.25	\$151.50
20.1005	7	Gel on side per sack	\$25.25	\$176.75
20.1017	500	Hulls per lb.	\$0.50	\$250.00
		· · · · · · · · · · · · · · · · · · ·		
20.0011	328	Bulk Charge	\$1.25	\$410.00
20.0012	649.44	Bulk Truck Miles	\$1.10	\$714.38
		Process License Fee on Gallons		
		TOTAL BILLING		\$6,983.88

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



TREATMENT REPORT

Acid	& Cemen	it 🗟						Acid Stage No.		
					Type Treatment: Amt		Type Fluid	Sand Size	Poi	inds of Sand
Date 8	/17/2022 p	istrict GB	F.O. N	lo. C60647	Bkdown					
	BEAR PETROL					-				
	8 No. HALL #1									
	<u></u>		Field							
County			State KS		Flush				<u> </u>	
					Treated from		ft. to		No. ft	0
Casing:	Size 4 1/2	Type & Wt.		Set atft.			ft. to	ft.	No. ft	0
Formation			Perf.		from		ft, to		No. ft.	0
Formation			Perf.		Actual Volume of Oil / Wat					Bbl./Gal.
			Perf							
Formation				Bottom atft.	Pump Trucks. No. User	t: Std.	320 Sp.		Twin	
					Auxiliary Equipment			360-308T	_	
			Swung at		Personnel GREG CLAR	NCE	······································			_
B.			ft. to		Auxiliary Tools					
					Plugging or Sealing Materia	als: Type				
Open Hole	Size	T.D	ft. P.	.8. to ft.				Gals.		łb.
Company	Representative (1997)		DICK S	5.	Treater		GR	EG C.		
TIME	-	SURES	1							
a.m./p.m.		Casing	Total Fluid Pumped			REMA	RKS			
11:15				ON LOCATION						
				PUMP 7 GELAN	ID 50 SKS WITH	200# HI	JLLS @ 390)0'		
								·		
			+	CIRCUILATE CEN	IENT FROM 2050		JREACE, TO	OK 225 SK	S WIT	H 300#
				HULLS						
		· · · ·		110220			· · · · · · · · · · · · · · · · · · ·			
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2:15			·	JOB COMPLETE			·····	·····		
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FIELD		
ORDER	N <u>°</u> C	

Ву

60655

BOX 438 - HAYSVILLE, KANSAS 67060

316-524-1225

			DATE	23-Aug 20	22
IS AUTHORIZED BY:	BEAR PETROLEUM	INAME OF CUSTOM	- 2)		
		(INAME OF COSTOME	,		
Address	<u></u>	City	State	KS	
TO TREAT WELL					
AS FOLLOWS Lease	HALL	Well No1	Customer Order No.		
Sec. Twp.					
Range		County ELLIS	State	KS	
	sideration hereof it is agreed that Copeland Acid is				
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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

		Well Owner or Operator	Agent		
CODE	QUANTITY	DESCRIPTION		UNIT COST	AMOUNT
20.1002	30	60/40 Poz 2% Gel		\$13.25	\$397.50
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		Process License Fee on	Gallons	11	
			TOTAL BILLING		\$397.5

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.

DICK S.

Well Owner, Operator or Agent

Remarks

Station GB