KOLAR Document ID: 1678725

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 De	scription:				
Address 1:			.		Sec Tw	p S. R East West			
Address 2:					Feet from				
City:	State:	Zip: +	.	Feet from East / West Line of Section					
Contact Person:				Footage	s Calculated from Neares	st Outside Section Corner:			
Phone: ()					NE NW	SE SW			
Type of Well: (Check one)		OG D&A Cathodi		,					
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)					
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)			
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:				
Depth to	Top: Botto	m: T.D		00 0					
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.				
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing Re	Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us		_				Is 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.					
	<i>3</i> , –			_	implayed of Oneroter -	Operator on obeyed decertibed			
			E	imployee 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.



BOX 438 -

FIELU ORDER

80085

HAYSVILLE, KANSAS 67060

ONDITIONS: 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
Sec. Twp. Range	County Morton Co	State KS
O TREAT WELL AS FOLLOWS Lease USA Eagley	Well No. D-2	Customer Order No.
Address	City	State KS
S AUTHORIZED BY: Bear Petro	(NAME OF CUSTOMER	()
	310-324-1223	DATE 12/16 &12/19 20 22

be held liable for any damage that may accure 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

BEFORE WORK IS	COMMENCED	We	Owner or Operator	Age	nt
CODE	QUANTITY		DESCRIPTION	UNIT COST	AMOUNT
20.0002	100	12/16 P.T Mileage		\$6.00	\$600.00
20.0003	1	Pump Charge Plug		\$700.00	\$700.00
20.1005	15	Gel on side per sack		\$25.25	\$378.75
20.1001	200	Common Cement Sack		\$16.75	\$3,350.00
20.0011	215	Loading Charge per sac	Κ	\$1.25	\$268.75
20.0012	507.5	Mileage Bulk Truck per t	on mile	\$1.10	\$558.25
20.0002	100	12/19 P.T Mileage		\$6.00	\$600.00
20.0003	1	Pump Charge Plug		\$700.00	\$700.00
20.1001	80	Common Cement Sack		\$16.75	\$1,340.00
20.0011	80	Loading Charge per sac	k	\$1.25	\$100.00
20.0012	188	Mileage Bulk Truck per t	on mile	\$1.10	\$206.80
			TOTAL BILLIN	3	\$8,802.55

certify that the above material has been accepted a	hd 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 Joe S.	
Station GB	
Remarks	Well Owner, Operator or Agent

NET 30 DAYS

EUPEL Acid & C		1
Acid & C	ement	盠

TREATMENT REPORT

Acid a	& Cemen	t 烽								Acid Stage No.		00004
		· •] (Type Treatment:	Amt.		Type Fluid	Sand Size	Pour	nds of Sand
Date 12	/16 &12/19 p	Istrict GB	F.O. N	lo.		Bkdown		Bbl./Gal.				
	Bear Petro							Bbl./Gal.				
Well Name	& No. USA Eag	ley D-2						Bbl./Gal.				
Location			Field			≀ —		Bbl/Gal				
ounty	Morton Co		State KS			Flush		Bbl./Gal.				
		-				Treated from		f	t. to	ft.	No. ft.	0
Casing:	Size 5 1/2	Type & Wt.		Set at	ft.	from		f	t. to		No. ft	0
Formation			Perf.	to _		from			t. to	ft.	No.ft	0
Formation	:		Perf	to .		Actual Volume of	Oil / Water	to Load Ho	le:			Bbl./Gal.
Formation	ı:		Perf.	to								- 1 - 1 - 1 - 1
Liner: Si			Top at ft.	Bottom at	ft.	Pump Trucks.	No. Used:	Std.	Sp.		Twin	
			Tom		ft.	Auxiliary Equipme	ent		36	5 & 360/310		
Tubing:			Swung at			Personnel Joe S.			urtis H			
	Perforated fr	om	ft. to		ft.	Auxiliary Tools						
						Plugging or Sealing	g Materials	Түре		Class A Com	mon	
Open Hole	: Size	T.D.	ft. P	.B. to	ft.	<u> </u>			···-	Gals.		lb.
Сотралу	Representative					Treater			Jo	oe S.	· · · · · · · · · · · · · · · · · · ·	
TIME		SURES	Total Fluid Pumped]				REMAR	KS			
s.m./p.m.	Tubing	Casing	<u> </u>	40/46								
12:15					on Locatio					·		
1:30			<u></u>			& cement a						
4:00			 			3660' and p					ent	
5:00						1700' pum				ement		
				Rig Cr	w to trip	out with re	maind	er of tu	ubing			
			ļ									
9:00			ļ			n and ceme				· - ·		
10:00				Tubing	ran to 20	0' and Circu	ılate ce	ement	to the top	with 80 SK	Com	mon
				Cemen								·
				Rig Cre	w trip out	t Tubing and	d top o	ff well				
11:15				Job Co	npete an	d off Location	on			· · · ·		
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