KOLAR Document ID: 1678720

**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 #:	I API No.	15 -	
Name:			
Address 1:	'	•	Twp S. R East West
Address 2:		Feet from	
City: State: Zip:	+	Feet from	East / West Line of Section
Contact Person:	Footage	s Calculated from Nea	rest Outside Section Corner:
Phone: ( )		□ NE □ NW	SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A  Water Supply Well Other: SWD Permit #:  ENHR Permit #: Gas Storage Permit #:  s ACO-1 filed? Yes No If not, is well log attached? Yeoducing Formation(s): List All (If needed attach another sheet)  Depth to Top: Bottom: T.D.	Yes No County:  Lease N  Date We The plug by:	lame: ell Completed: gging proposal was app	Well #: (Date) (KCC <b>District</b> Agent's Name)
Depth to Top: Bottom: T.D.			
Depth to Top: Bottom:T.D.		g Completed	
Show depth and thickness of all water, oil and gas formations.			
Oil, Gas or Water Records	Casing Record (Su	ırface, Conductor & Proc	duction)
Formation Content Casing	Size	Setting Depth	Pulled Out
Describe in detail the manner in which the well is plugged, indicating where to cement or other plugs were used, state the character of same depth placed from the cha	·		ods used in introducing it into the hole. If
Plugging Contractor License #:	Name:		
Address 1:	Address 2:		
City:	State:		
Phone: ( )			
Name of Party Responsible for Plugging Fees:			
State of County,			

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

60732

BOX 438 - HAYSVILLE, KANSAS 67060

		\$ 10-524-1225			
			DATE	30-Dec 20	22
IS AUTHORIZED BY:	BEAR PETROLEUM		•		
		(NAME OF CUSTOMER	)		
Address		City	State	KS	
TO TREAT WELL					
AS FOLLOWS Lease	CHEROKEE	Well No. B-1	Customer Order No.		_
Sec. Twp.					
Range		County MORTON	State	KS	_
CONDITIONS: As a part of the con	sideration hereof it is agreed that Copeland Acid s	to service or treat at owners risk, the hereinbefore me	entioned well and is not to	· · · · · · · · · · · · · · · · · · ·	_

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 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		Il Owner or Operator	Ву	<del> </del>	
CODE	OLIANITITY	VVe	-		UNIT	ent
CODE	QUANTITY		DESCRIPTION		COST	AMOUNT
20.0002	100	Mileage P.T.	· ·		\$6.00	\$600.00
20.0003	1	Pump Charge Plug			\$700.00	\$700.00
20.1002	30	60/40 Poz 2% Gel			\$13.25	\$397.50
20.1004	1	Add. Gel after 2% Per S	ack		\$25.25	\$25.25
						<u> </u>
	·					
						<del></del>
				<u></u>	<u> </u>	
20.0011	31	Bulk Charge			MIN	\$150.00
20.0012	68.2	Bulk Truck Miles			MIN	\$150.00
		Process License	Fee on	Gallons		
				TOTAL BILLING		\$2,022.75

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.

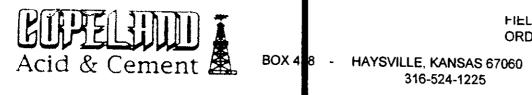
Copeland Representative	GREG C.	
Station GB		DICK S.
Remarks		Well Owner, Operator or Agent
1		NET 30 DAYS



## TREATMENT REPORT

Acid Stage No.

					1	L			Type Fluid	Sand Size	Pou	nds of Sand
• • •	/20/2022 N	CD	5 O N	- C6073	i I	Type Treatment Bkdown				3410 5120	100	
			F.O. N	0. 0073								
•	& No. CHEROK											
Location	ano. Chenon		Field									
-	MORTON		State KS			Flush						
						Treated from					No. ft.	00
Casing:	Size	Type & Wt.		Set at	ft.	_			ft. to		No. ft.	0
Formation:	:		Perf.	to		from			ft. to	ft.	No. ft.	0
Formation:			Perf.			Actual Volume	of Oil / Water t	to Load H	ole:			Bbl./Gal.
Formation			Perf.								_	
			Top at ft.			Pump Trucks.	No. Used:	Std.	320 Sp		Twin	
			om			Auxiliary Equipo						
			Swung at		ft.	Personnel GRI						•
	Perforated fr	•••	ft. to		ft.	Auxiliary Tools						
						Plugging or Sea	ling Materials:	Type				
Open Hole	Size	T.D	ft. P	.B. to	ft.	<u> </u>		•		Gal	5.	lb.
						-						
Company	Representative		DICK	5.		Treater			,	GREG C.		
TIME	PRES	SURES	Total Fluid Pumped					REMA	PYS			
a.m./p.m.	Tubing	Casing	Total Fluid Fulliped					TO THE STATE OF TH	**************************************			
11:00				ON LC	CATION							
				ļ								
						ETWEEN	THE PRO	DUC	TION CAS	ING AND T	HE SURI	FACE
			<u> </u>	CASIN	G.							
										<u> </u>		
				CIRCU	LATE CEM	ENT TO S	URFACE.	TOO	K 30 SKS			
				HOLE	STAYED FL	<u>JLL</u>	·					
12:00				JOB C	DMPLETE	·						
				THAN	k You!!!		<del> </del>					
							· · · · · · · · · · · · · · · · · · ·			·····		
				<u> </u>								
						· · · · · · · · · · · · · · · · · · ·						
<u></u>												
							· — —					



FIELD

ORDER Nº C 60725

IS AUTHORIZ	'EN RV: RE	AR PETROLEUM			DATE	13-Dec	20 22			
10 AO MONIZ	.CD D1. <u>BC</u>	AK FETRULEUM	(NAME OF CUSTOMER)							
Address			<b></b>		State	KS				
TO TREAT WI		EROKEE	Well No.	B-1 Custor		KO				
Sec. Twp. Range			County		State	K6				
implied, and no repres treatment is payable. Our invoicing departme	centations have been There will be no disco ent in accordance with igned represents h	on hereof it is agreed that Copeland Ac rue in connection with said service or to relied on, as to what may be the results unt allowed subsequent to such date if in latest published price schedules imself to be duly authorized to sign	Is to service or treef at owners he atment. Copetand Acid Service he or effect of the servicing or treating interest will be charged after 60	k, the hereinbefore mentioned well and is made no representation, expressed g said well. The consideration of said a days Total charges are subject to corr	d is not to or					
BEFORE WORK IS				Ву						
		· ·	ell Owner or Operator			Agent				
CODE	QUANTITY		DESCRIPTION		UNIT COST	AN	MOUNT			
20.0002	100	Mileage P.T.			\$6.00		\$600.00			
20.0003	1	Pump Charge Plug			\$700.00		\$700.00			
20.1002	205	60/40 Poz 2% Gel			\$13.25		\$2,716.25			
20.1004	4	Add. Gel after 2% Per	ack		\$25.25		\$101.00			
20.0011 20.0012	209 459.8	Bulk Truck Miles Process Licens		Gallons TOTAL BILLING	\$1.25 \$1.10		\$261.25 \$505.78 \$4,884.28			
I certify that	the above ma	terial has been accepted a	nd used; that the above	service was performed in	n a good and w	orkmanli	ke			
	er me direction	n, supervision and control GREG C.	ne owner,operator o	r nis agent, whose signati	ire appears be	low.				
Station GI										
Remarks				Well Own	er, Operator or Age	nt				
remains -			NET 30 DAYS							



## TREATMENT REPORT

Acia & Cement 🕿									Acid Stage No.	
						Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
	2/13/2022		F.O.	No. <u>C60</u>	25	Bkdown		al		, cond or sand
	BEAR PETRO						Bbl./G	al		
	ne & No. <u>CHERO</u>						Bbl./G			
	12-	33-41W	Field			<u> </u>	Bbl./G			
County	MORTON		State KS			Flush	Bbl./G	al.		
						Treated from		ft. to	ft. No.	.ft. 0
Casing:			·		ft.	from		ft. to		ft. 0
Formation	Formation: Perf.					from		ft. to		.ft. 0
Formation	n:		Perf.	to		Actual Volume of	f Oil / Water to Load	l Hole:		Bbl./Gal
Formation	n:		Perf	to						
Liner: S			Top at ft.		rtft.	Pump Trucks.	No. Used: Std.	320 sp.	Tw	rin .
			from	ft. to		Auxiliary Equipme			360-308T	
Tubing:	Size & Wt.				ft.	Personnel GREC	CLARENCE			
	Perforated for	rom	ft. to		ft.	Auxiliary Tools				
						Plugging or Sealin	ng Materials: Typ	e		
Open Hole	e Size	T.D.	ft. P	.B. to	ft.				Gals.	lb.
							<del></del>			
	Representative					Treater		GRE	G C.	
TIME		SURES	Total Fluid Pumped				REM	IARKS		
a.m./p.m.	Tubing	Casing	ļ	<u>.                                    </u>		·				
10:15				ON L	CATION	<del></del>		···		
		<u></u>	<u> </u>		<del></del>					
				_	BP @ 4925					
				LOAD	CASING, T	OOK 120 B	BLS, PRESS	URE TEST CAS	ING. HELD	300#
			<u> </u>							
				PUM	40 SKS @	1560', STC	PPED MIXI	NG AS HEAD	HAD FLUID	GOING ALL
				OVER	THE PLACE	. DISPLACE	E WITH 6 BE	SLS H2O.		
				WAIT	3 HOURS F	OR STRIPP	ING HEAD.			
					7.1.		<i>y</i>	-		···
				PULL	JP TO 950'	, CIRCULAT	TE CEMENT	TO SURFACE	. TOOK 125	SKS
					UBING.			· · · · · · · · · · · · · · · · · ·	<del></del>	
				TOP (	FF WITH 2	5 SKS			<del> </del>	
							ND PUMP 1	5 SKS. START	ED TO COM	E OUT OF
					LLAR.					2 007 01
						····	•			<u> </u>
9:00				JOB d	OMPLETE			<del>-</del> ·	*****	· · · · · · · · · · · · · · · · · · ·
								·		
	1			THAN	(YOU!!!	··				
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			<u> </u>						<del></del>	
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