KOLAR Document ID: 1705148

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:	+	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? Yeroducing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	Lease N Date We The plug by:	County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced:					
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	Record (Surface, Conductor & Production)					
Formation Content Casing	Size	Setting Depth	Pulled Out				
Describe in detail the manner in which the well is plugged, indicating where to the cement or other plugs were used, state the character of same depth placed from the	·		ods used in introducing it into the hole. If				
Plugging Contractor License #:	Name:						
Address 1:	Address 2:	ess 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.



ORDER Nº C 80092

DATE	12/2	8	20	22
		_		

				וט	NIE TOTO	20			
S AUTHORIZE	D BY: Bear	Petroleum	TNAME OF	CUSTOMER)					
Address			City	•	State KS				
TO TREAT WE									
AS FOLLOWS		ler #1	Well No.	1 Custom	er Order No.				
Sec. Twp.				1/ - 1		_			
Range			County V-5 State KS						
be held liable for any d implied, and no repress treatment is payable. To our involving department	lamage that may acco entations have been a more will be no disco- ent in accordance will	n hereof it is agreed that Copeland Acid us in connection with said service or tra- relied on, es to what may be the results o unt allowed subsequent to such date. 61 I latest published price schedules imself to be duly authorized to sign	itment. Copeland Acid Sarvice in y affect of the servicing or treats , interest will be charged after 60	ag made no representation, expressor ag said well. The consideration of said days. Total charges are subject to co	l service or				
THIS ORDER MUS BEFORE WORK IS				Ву					
BEFORE WORK IS	COMMENCE	W	Owner or Operator		UNIT				
CODE	QUANTITY		DESCRIPTION		COST	AMOUNT			
20.0002	160	Mileage P.T.			\$6.00	\$960.00			
20.0003	1	Pump Charge Plug	·		\$700.00	\$700.00			
20.1002	275	60/40 Poz 2% Gel			\$13.25	\$3,643.75			
20.1004	5	Add. Gel after 2% Per S	ack		\$25.25	\$126.25			
20.1017	300	Hulls per lb.			\$0.50	\$150.00			
10.1085	1	5 1/2"x2 3/8" AD-1 Coat	ed		\$1,600.00	\$1,600.00			
20.0011	280	Bulk Charge			\$1.25	\$350.00			
20.0012					\$1.10	\$1,128.60			
		Process License	Fee on	Gallons					
				TOTAL BILLING	5	\$8,658.60			
manner un Copeland I	der the direction Representative	aterial has been accepted a on, supervision and control e Joe S.							
Station G	<u>B</u>		-	Well Ow	mer, Operator or Age	nt			
Remarks			NET 30 DAYS						

Acid & Cement	
Acid & Cement	盡

TREATMENT REPORT

itcia	C C.CIIICI	I C RESERVE			Į					ACIO Stage n	··· —	
						Type Treatment:	Amt.		Type Fluid	Sand Size	Po	runds of Sand
Date 1	2/27/2022 c	District GB	F.O. 1	No. <u>80092</u>		Bkdown		Bbl./Gal.	····			
Company	Bear Petroleu	ım						Bbl./Gal.				
Well Nam	e & No. Dumlei	#1						Bbf./Gal.				
Location			Field]		Bbi/Gal.				
County	Ness Co		State KS			Flush		361./Gal				
-						Treated from		ft.	to	ft.	No. ft.	0
Casing:	Size 5 1/2	Type & Wt.		Set at	ft.	from		ft.	to	ft.	No. ft.	0
Formation	v:		Perf.	to		from		*	to	ft,	No. ft.	0
Formation	n:	 				Actual Volume of	Oil / Water t	o Load Hole	:			8bi./Gal.
Formation	n:		Perf.		ļ							
Liner: Si	ize Type &	WL	Top at ft.	Bottom at	ft.	Pump Trucks.	No. Used:	Std.	Sp.		Twin	
			om	ft. to	ft.	Auxikary Equipme				£308, 320,3		
	Size & Wt.				ft.	Personnel Joe S.	. Clarance	M. Curtis				
	Perforated fr		ft. to			Auxiliary Tools						_
						Plugging or Sealin	e Materials:	Tyne		60/40 4%	& Halls	***
Open Hole	e Size	T.Đ.	ft. P	.B. to	ft.	•	3			Gal		lb.
											<u></u>	
Company	Representative					-				. .		
						Treater		===	10	e 5.		
TIME a.m./p.m.	1	SURES	Total Fluid Fumped	}				REMARK	5			
8:45	1 Nowal	Casing		0-1	A							
				On Loca								
9:30						5 SKS Ceme						
				Trip Tul	ping out a	and put a pa	acket or	1. Run 1	tubing to	1952		
12:30						O SKS Ceme	ent with	#100 h	ulls unde	r Packer		
1:30			<u> </u>	Pull tub	ing to 10	56						
3:00				Pump 5	O SKS Cei	ment with I	#100 Hi	Ils				
4:00				Packer	got stuck	and left in	hole. Po	ıll tubii	ng to 360'			
4:45						O SKS Cem					ce Pip	P
5:45						flocation						-
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