KOLAR Document ID: 1717823

**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:	'						
Address 2:							
City:	+						
Contact Person:	Footage						
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 #: Well #: The plugging proposal was approved on: (KCC District Agent's Name)					
Depth to Top: Bottom: T.D.		Plugging Commenced:  Plugging Completed:					
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	sing 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 be 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:	ss 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.



Remarks

FIELD ORDER Nº C 60793

Well Owner, Operator or Agent

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

		0.00		DATE	24-Mar 20
IS AUTHORIZE	D BY: BEA	R PETROLEUM (NAME OF	CUSTOMER)		
Address				State	KS
TO TREAT WE	:LL				
AS FOLLOWS	Lease BU	RKNER Well No.	8	Customer Order No.	<del></del>
Sec. Twp. Range   25-26-1	12W	County PI	RATT	State	KS
be held liable for any d implied, and no represi treatment is payable. T our invoicing departme	lamage that may accentations have been here will be no discont in accordance with gned represents h	In hereof it is agreed that Copeland Acid is to service or treat at owners risk, ue in connection with said service or treatment. Copeland Acid Service has relied on, as to what may be the results or effect of the servicing or treating untituded subsequent to such date. 6% interest will be charged after 60 dill talest published price schedules miself to be dufy authorized to sign this order for well owner or ope	the hereinbefore mention made no representation, said well. The consideration ays. Total charges are sui	ed well and is not to expressed or	
BEFORE WORK IS				Ву	
CODE	QUANTITY	Well Owner or Operator		UNIT	Agent
		DESCRIPTION		COST	AMOUNT
20.0002	20	Mileage P.T. 3/23/2023		\$6.00	\$120
20.0002	20	Mileage P.T. 3/24/2023		\$6.00	\$120
20.0003	1	Pump Charge Plug 3/23/2023		\$700.00	\$700
20.0003 20.1002	1 10	Pump Charge Plug 3/24/2023		\$700.00	\$700
20.1002	410 8	60/40 Poz 2% Gel		\$13.25	\$5,432
20.1004	6 10	Add. Gel after 2% Per Sack	<del></del>	\$25.25	\$202
20.1000		Gel on side per sack		\$25.25	\$252
_	<del></del> .		<del></del>		
			· · · · · · · · · · · · · · · · · · ·		
20.0011	428	Bulk Charge		\$1.25	\$535
20.0012	188.32	Bulk Truck Miles		\$1.10	\$207
		Process License Fee on	Gallons	<b>V</b> 110	<u> </u>
			TOTAL BI	LLING	\$8,269
manner unde	the above mater the direction epresentative	erial has been accepted and used; that the above is, supervision and control of the owner, operator or GREG C.	service was perfo	rmed in a good and w	nrkmanlike
Station GB			IIL PIERPOINT		

NET 30 DAYS

PHIL PIERPOINT



## TREATMENT REPORT

Acid	& Cemen	I L Messal							ACIO STARE IN	u	
				J	Type Treatment:	Amt.	Туре	Fluid	Sand Size	Pos	unds of Sand
Date3	1/24/2023 D	istrict GB	F.O. N	lo. C60793	Bkdown	Bbl./	Gal				
Company	BEAR PETROL	.EUM			]	Bb1./	Gal.				· · · · · · · · · · · · · · · · · · ·
Well Name	e & No. BURKNE	ER #8			<u> </u>		Gal.				
Location	25-2	26-12W	Field		l		Gal.				
County	PRATT		State KS	<del></del>	Flush		Gal.				
					Treated from		ft. to		ft.	No. ft.	0
Casing:	Size	Type & Wt.		Set atft.						No. ft.	0
Formation	Y:		Perf	to	from					No. ft.	0
Formation	1:		Perf.	to	Actual Volume of	f Oil / Water to Lo	ad Hole:				Bbl./Gal.
Formation			Perf.								
Liner: S				Bottom at ft.	Pump Trucks.	No. Used: Std.	320	Sp		Twin	
					Auxiliary Equipm				60-310T		
Tubing:					Personnet GRE	G CLARENCE					
			ft, to		Auxiliary Tools						- 
					Plugging or Sealin	ng Materials: T	vpe				
Open Hole	e Size	T.D	ft. P	.B. toft.					Gals		łb.
		·········						-			
Company	Representative		PHIL PIERP	OINT	Treater			GREG	S C.		
TIME	PRES:	SURES									
a.m./p.m.	Tubing	Casing	Total fluid Pumped			R	EMARKS				
8:30				ON LOCATION 3	/23/2023	<del></del>			-		
				PUMP 10 GEL &		700'	- <u>-</u> -				
				PUMP 50 SKS @ 300' ATTEMPT TO CIRCULATE FROM 60'. PUMPED 75 SKS, LOST CIRCULATION							
										ΔΤΙΩΝ	
				AND TUBING WA	AS ON A VA	ACUUM	<u> </u>	, , , , , ,	, 2001		Anois
				WAIT 1 HOUR TO	_		28'				
								ITH W	ATER TO	ארע 15	DDIC
				RUN TUBING TO 300'. BREAK CIRCULATION WITH WATER TOOK 15 BBLS PUMP 75 SKS, TAG IN THE MORNING.					DDL3		
12:00			l	DISMISSED FOR THE DAY							
			<del>                                     </del>	D.0	THE DAY				<u> </u>		
8:30	-		<del>                                     </del>	ON LOCATION 8:	·3U	<del> </del>	<del>_</del> ·				
				TAGGED CEMEN			<del></del>				
	<del></del>			PUMP 50 SKS @							
$\neg \neg$						COLTO CIT	~-^~ T				<del>_</del>
<del></del>				CIRCULATE CEMI TOPPED OFF WIT		60 10 30	RFACE. I	OUK 0	0 5KS		
10:00				JOB COMPLETE	M 20 2V2	<del>-</del> -		<del></del> -			
10.00				JOB COIVIPLE IE		···					
<del> </del>			<del>                                     </del>	THE ANY VOLUM	<del></del> -	·.	<del></del>		<u>-</u>		
	<del></del>		<del></del>	THANK YOU!!!	<del></del>	<u> </u>					
			<del></del>								
	<del></del>										
	I	[									