

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 #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage 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. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 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	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.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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 N° C 60813

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

DATE 19-Apr 20 23

IS AUTHORIZED BY: BEAR PETROLEUM (NAME OF CUSTOMER)

Address City State KS

TO TREAT WELL AS FOLLOWS Lease PROFFITT Well No. 7 Customer Order No.

Sec. Twp. Range County RICE State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid is to service or treat at owners risk, the herebefore 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 By Agent

Table with 5 columns: CODE, QUANTITY, DESCRIPTION, UNIT COST, AMOUNT. Rows include Mileage P.T., Pump Charge Plug, Common Cement Sack, Calcium Chloride per 50 lb., Hulls per lb., Bulk Charge, Bulk Truck Miles, and a TOTAL BILLING row.

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

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

Date 4/19/2023 District GB F.O. No. C60813
 Company BEAR PETROLEUM
 Well Name & No. PROFFITT #7
 Location _____ Field _____
 County RICE State KS

Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Bkdown	_____ Bbl./Gal.	_____	_____	_____
	_____ Bbl./Gal.	_____	_____	_____
	_____ Bbl./Gal.	_____	_____	_____
	_____ Bbl./Gal.	_____	_____	_____
Flush	_____ Bbl./Gal.	_____	_____	_____

Casing: Size 5 1/2 Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____

Treated from _____ ft. to _____ ft.	No. ft.	<u>0</u>
from _____ ft. to _____ ft.	No. ft.	<u>0</u>
from _____ ft. to _____ ft.	No. ft.	<u>0</u>

Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. 2 3/8 Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks: No. Used: Std. _____ Sp. _____ Twin _____
 Auxiliary Equipment _____
 Personnel _____
 Auxiliary Tools _____

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Plugging or Sealing Materials: Type COMMON 3% CC
 Gals. _____ lb. _____

Company Representative DICK S. Treater GREG C.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
7:30				ON LOCATION
				PERFS @ 1200', 800', 200'
				PUMP 35 SKS WITH 100# HULLS @ 3200'
				PUMP 35 SKS @ 2500'
				PUMP 35 SKS @ 1250', WAIT TO TAG
				TAGGED CEMENT @ 1270'
				PUMP 25 SKS @ 1250'
				PUMP 35 SKS @ 800'
				CIRCULATE CEMENT FROM 250'. TOOK 40 SKS FOR THE CASING AND 70 SKS FOR THE SURFACE PIPE.
				TOPPED OFF WITH 10 SKS
1:15				JOB COMPLETE
				THANK YOU!!!