# KOLAR Document ID: 1717844

**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 Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic   Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #:   ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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: T.D.	County: Well #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Plug
Depth to Top: Bottom: T.D	

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.					
(Print Name)	Employee 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.

## Submitted Electronically



FIELD ORDER

Nº C \_\_\_\_\_ 60815

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

			DATE	20-Apr 20	23
IS AUTHORIZED BY:	BEAR PETROLEUM	(NAME OF CUSTOMER	· · · · · · · · · · · · · · · · · · ·		
Address	<u></u>	City	State	KS	
TO TREAT WELL AS FOLLOWS Lease	PROFFITT	Well No. 9	Customer Order No.	<u></u>	
Sec. Twp. Range		County RICE	State	KS	

Ву

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 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 involcing 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	Agent		
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT	
20.0002	40	Mileage P.T.	\$6.00	\$240.0	
20.0003	1	Pump Charge Plug	\$700.00	\$700.0	
20.1001	335	Common Cement Sack	\$16.75	\$5,611.2	
20.1012	9	Calcium Chloride per 50 lb.	\$42.00	\$378.0	
20.1017	200	Hulls per lb.	\$0.60	\$120.0	
20.0011	346	Bulk Charge	\$1.25	\$432.5	
20.0012	325.24	Bulk Truck Miles	\$1.10	\$357.7	
		Process License Fee on Gallons			
<u> </u>		TOTAL BILLING		\$7,839.5	

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



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### TREATMENT REPORT

Acid & Cement						Acid Stage No.					
					Type Treatment:	Amt.	Type Fluid	Sand Size	Poun	ds of Sand	
late 4	/20/2023	District GB	F.O. 1	No. C60815	Bkdown						
	BEAR PETRO	_			1		·				
-	& No. PROFF										
			Field		]						
County			State KS		Flush	Bbl./Gal.					
					Treated from		ft. to	ft.	No. ft	0	
Casing:	Size 51	/2 Түре & М	Vt	Set ati			ft. to		No. ft.	0	
ormation			Perf.		from		ft. to		No. ft	0	
ormation			Perf.		Actual Volume of	Oil / Water to Load I				Bbl./Gal.	
ormation			Perf.	to							
					ft. Pump Trucks.	No. Used: Std.	320 Sp.		Twin		
			(op ut );		ft. Auxiliary Equipmen			327		<del> </del>	
			Swung at		ft. Personnel GREG					······	
			ft. to		ft. Auxiliary Tools						
						g Materials: Type					
Open Hole	Size	T.D.	ft. F	P.B. to	ft.	5 m 0 1 m 1 m 1 m	·	Gals.	•• <del>•</del> ••	lb.	
					<u> </u>			<u> </u>		Richard Concerning	
ompany	Representative		DICK	ç	Treater		GR	EG C.			
TIME	-	ESSURES		1							
.m./p.m.		Casing	Total Fluid Pumped	2		REMA	ARKS				
7:30				ON LOCATION	<u>i</u>				<u>.</u>		
	<u> </u>				· · ·						
				DUNAD 100 SKS		W CC 8 200	<u></u>	- 22001 MI			
				PUMP 100 SKS		% LL a zu	J# MULL3 ເພ	320U, VV		IAG	
				TAGGED CEME		1 22 2 420			<u> </u>		
			<u> </u>	PUMP 35 SKS C		6 CC @ 1200	<u>)', WAIT TO</u>	TAG			
				TAGGED CEME	NT @ 1150						
		1		PUMP 35 SKS COMMON @ 800'							
	<u></u>										
				CIRCULATE CEMENT FROM 250', TOOK 55 SKS FOR THE CASING AND							
				90 SKS FOR THE SURFACE PIPE							
		Τ									
		1		TOPPED OFF W	/ITH 20 SKS	<u> </u>		<del></del>			
T									·		
1:30	·	+		JOB COMPLETE				<u> </u>		<u> </u>	
1		+			- <u>-</u>		A			<u> </u>	
	<u> </u>	+		THANK YOU!!!							
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