KOLAR Document ID: 1737258

**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 A	PI No. 1	15 -			
Name:					Spot Description:			
Address 1:					Sec Twp S. R East West			
				Feet from North / South Line of Section				
City:	State:	Zip:+	_	Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:				
Contact Person:			F					
Phone: ( )					NE NW	SE SW		
		OG D&A Cathodi	ا ر	County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)				
ENHR Permit #:		prage Permit #:						
Is ACO-1 filed? Yes	_	I log attached? Yes	¬   '					
Producing Formation(s): List								
Depth		om: T.D		y:		(KCC <b>District</b> Agent's Name)		
Depth	·	om: T.D	P	Plugging Commenced:				
Depth	•	om: T.D	P	Plugging Completed:				
	ю тор Вош							
Show depth and thickness o	-	ations.						
Oil, Gas or Water Records				Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
		led, indicating where the mud same depth placed from (bot				ds used in introducing it into the hole. If		
Plugging Contractor License #:								
Address 1:			Address 2:					
City:			S	tate:		Zip:++		
Phone: ( )								
Name of Party Responsible	for Plugging Fees:							
State of	County,		,	SS.				
					nnlovee of Operator or	Operator on above-described well,		
	(Print Name)				inproyee or 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.



## FIELD ORDER Nº C 48230

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

	DATE_	8/25	20_23
IS AUTHORIZED BY: _	BEAR PETRO		
Address			State
To Treat Well As Follows: Lease			er No.
Sec. Twp. ZU-	225-3W County HARVEY Co		
implied, and no representation treatment is payable. There we our invoicing department in a	e consideration hereof it is agreed that Copeland Acid Service is to service or treat amage that may accrue in connection with said service or treatment. Copeland Acid Service or treatment. Copeland Acid Service or treatment is said service or treatment. Copeland Acid is have been relied on, as to what may be the results or effect of the servicing or treatment of the servicing or treatment of the servicing or treatment of the service of	at owners risk, the h cid Service has mad reating said well. Ti er 60 days. Total ci	hereinbefore mentioned well and de no representation, expressed
	Well Owner or Operator		Agent
CODE QUANTITY	DESCRIPTION	(	UNIT AMOUNT
1	Pump CHARGE FOR PLUG TOB		0
150	SACKS COMMON CEMENT		
12	MILEAGE FUEL CHARGE		
_	•		
	,		
150 24	Bulk Charge		_
6 MILES	Bulk Truck Miles 150.00 min CHARGE	5	
	Process License Fee onGallons		4 .
	TOTAL B	ILLING 20	06017
I certify that the above manner under the dire	e material has been accepted and used; that the above service was ection, Supervision and control of the owner, operator or his agent,	is performed in	a good and workmanlike
Copeland Representation	1 1 1/4 1/1	whose signatur	re appears below.
	ve_AHGM	Owner, Operator or Ag	



## TREATMENT REPORT

Acid Stage No. ......

um Bk	5/2023,	istrict	<b></b>	O. No
Company	Schen	~ A-I	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Bbl./Gel.
				Bbl./Oct.
County He	PLYEY COL	MTY	State &	S. Plush Bbi. /Cal.
				Treated from
Caelau: Size	4½~	Type & Wt	<u> </u>	Set atft. fromft. toft. No. ft.
Formation:		-		from R. tu
Formation:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	Pert	Actual Volume of Oil /Water to Load Hole:
Liner: Size	Туре & W	'L	. Top at	ft. Bottom atft. Pump Trucks. No. Used: Std. \$323
Cem	ented: Ym/No	Perforated fr	rom	ft. toft Auxiliary Equipment Buck CEMEAN # 322
Tubing: Nine i	w22/8	J	Hwung at	ft. Packer: Set at
Per	forated from		ft. to	Auxiliary Tools
				Plugging or Bealing Materials: Type, 150.3% Commant Coment
then Hole Six	<b>F</b>	. T.D.	n, P.	B to Cinte III
				14/49
Company I	Representativ			Treater VT(VV
TIME e.m/p.m.	Tables	Casing	Total Finis Pumped	REMARKS 450'
12:00			ļ. <u>.</u> .	A DI , TO A PIG UP + TIE ONTO TUBING , BREAK CIPC . 4 32 FBL
17:11	50 ts	ļ	22 BBL	STATT COMMON CEMENT SLUTELY - 50 SX - 33 HBOM & 50#
			<del></del>	UNTIL GOOD CEMENT TO SURFACE, HAD TO CUT HOLE IN SURFACE
-:		ļ	<del> </del>	PIPE CEMENT CAME OUT OF CASMA BUT NOT SURFACE, ISIP-VAC
			col ee	PAUL TUBINO + THE DATA CASING SUFFAE TO BOUHEAD
1 42		100 \$	54 8BL	START COMMON CEMENT SLUBBY 100 St - DOWN CASING UNTIL
<del></del>		<u> </u>	<u> </u>	GOOD CEMENT & SURFACE PIPE, I BEL TO BREAK CIRC. 2 SH BOM @ 1001
		<del> </del> -	<del></del>	13H-VAC FLUID LEVEL FELL SCHOHLY, PLUL SWEDGE OFF + TOP
2:40	· <del></del>	<del> </del>		WASH UP TEAR DOWN L.L. STANDING FULL WHEN LEAVING
2:40	<del></del>	<del>                                     </del>	<del></del>	WASH OF TEHE DAIM, C.C. STANDING FULL WHEN LEAVING
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