

**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<sup>o</sup> C 48272

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

DATE 11/3 20 23

IS AUTHORIZED BY: BEAR PETRO  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease PITS Well No. #1 Customer Order No. \_\_\_\_\_

Sec. Twp. Range 32-27S-3E County BUTLER COUNTY State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service 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 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

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	PUMP CHARGE FOR PLUG JOB	700. <sup>00</sup>	700. <sup>00</sup>
	150	SACKS COMMON CEMENT	17.5 <sup>0</sup>	2625. <sup>00</sup>
	40	MILEAGE FUEL CHARGE PUMP TRUCK	6. <sup>00</sup>	240. <sup>00</sup>
	150 SK	Bulk Charge @ 1. <sup>25</sup>		187. <sup>50</sup>
	20 MILES	Bulk Truck Miles @ 1. <sup>10</sup>		155. <sup>10</sup>
		Process License Fee on _____ Gallons		
		<b>TOTAL BILLING</b>		

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 [Signature]

Station BURTON, KS

Remarks PLUG JOB w/ 150SK COMMON CEMENT

Well Owner, Operator or Agent

**NET 30 DAYS**

## TREATMENT REPORT

Acid Stage No. ....

Date 11-3-23 District Pet F. O. No. ....  
 Company Beggs Well Name & No. Pitts # 1  
 Location Butler Field KS State KS  
 Casing: Size ..... Type & Wt. .... Set at ..... ft.  
 Formation: ..... Perf. .... to .....  
 Formation: ..... Perf. .... to .....  
 Formation: ..... Perf. .... to .....  
 Liner: Size ..... Type & Wt. .... Top at ..... ft. Bottom at ..... ft.  
 Cemented: Yes/No. Perforated from ..... ft. to ..... ft.  
 Tubing: Size & Wt. .... Swung at ..... ft.  
 Perforated from ..... ft. to ..... ft.  
 Open Hole Size ..... T.D. .... ft. P.B. to ..... ft.

Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Breakdown	..... Bbl./Gal.			
	..... Bbl./Gal.			
	..... Bbl./Gal.			
	..... Bbl./Gal.			
Flush	..... Bbl./Gal.			
Treated from	..... ft. to	..... ft.	No. ft.	
	..... ft. to	..... ft.	No. ft.	
	..... ft. to	..... ft.	No. ft.	
Actual Volume of Oil/Water to Load Hole:				..... Bbl./Gal.
Pump Trucks No. Used:	Std.	Sp.	Twin	
Auxiliary Equipment				
Packer:			Set at	..... ft.
Auxiliary Tools				
Plugging or Sealing Materials: Type				

Company Representative Treater Derrick

TIME A.M. / P.M.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
10:00				Trucks on location & hold safety meeting
:				Open ended 2 3/8 Tubing setting at 250ft.
2:00				Start mixing commencement at 5 P.M. Good circ.
:			36 Bbl.	Cement circulated to surface.
:				Pull tubing out of well.
:			5 Bbl.	Tap off well.
:				Washed & rig down.
3:00 P.M.				crew released
:				Thank You
:				Derrick & Clarence