KOLAR Document ID: 1776390

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:					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 #:					County: Well #:						
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:							
Is ACO-1 filed? Yes No If not, is well log attached? Yes No					The plugging proposal was approved on: (Date)						
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)					
Depth to	Top: Botto	m: T.D		Plugging Commenced:							
Depth to	Top: Botto	m: T.D		Plugging Completed:							
Depth to	Top: Botto	m:T.D	'	. ragging	g completed.						
Show depth and thickness of a	all water, oil and gas forma	ations.									
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & Production)								
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If					
Plugging Contractor License #:				e:							
Address 1:			Address 2:	:							
City:			\$	State:		Zip:+					
Phone: ()											
Name of Party Responsible for	r Plugging Fees:										
State of	County, _			, ss.							
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed decertibed					
(Print Name)					imployee 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.



FIELD ORDER Nº C 48365

2024

4/5

DATE_

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

IS AUTHORIZ	ZED BY:	BEAR PETIC NAME	O .	R)								
Address		City_			State							
To Treat Well As Follows:	Lease	THOMPSON Well	No. #1		_ Customer Order No							
		05-10W Coun										
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												
	IS COMMENCED	Well Owner or Operato	or	Ву_	A	gent						
CODE	QUANTITY		CRIPTION	ľ	UNI [*] COS		AMOUNT					
	1	Pump CHARGE FOR PLUG TOB			700.9	, 0	700.00					
	240	SACKS COMMON CEMENT	17.5	0 4	1200.00							
	52	MILEAGE FUEL CHARGE PUMP				0	312.00					
	9	SACKS CALCIUM CHEORINE MIN			1 No. 1	20	378.00					
				41.								
	1					_						
	-											
						-						
	-	Bulk Charge				-						
		Bulk Truck Miles				-						
		Process License Fee on		Gallons	BILLING							
manner	that the abov under the dir d Representat	e material has been accepted and use ection supervision and control of the o	d; that the owner, ope	a above service erator or his age	was performed in a nt, whose signature	good a appea	ind workmanlike irs below.					
Station_	BUZET	on, Us			'ell Owner, Operator or Agen							
Remarks	Pung To	OF W 2405x Common CEN	T 30 DA									



TREATMENT REPORT

Acid Stage No. Type Fluid Sand Size Pounds of Haud Type Treatment: Amt. Date 45 7024 District F. O. No. Bkdown Bbl. /Gal. COMPANY BEAR PETRO. _____Bbl. /Gal. _____ Bbl. /Gal. Well Name & No. THOMPSON # / Bbl. /Gal. State US County PICE COUNTY Treated from ______ft. to ______ft. No. ft. from ft. to ft. No. ft. Casins: Size _____ Type & Wt.____ Set at _____ft. Formation: Perf. to. Formation: Perf. to...... Pump Trucks, No. Used: Std. #323 Sp. Twin Liner: Size...... Type & Wt....... Top atft. Bottom atft. Auxiliary Businment Frick CEMENT # 322 Cemented: Yes/No. Perforated from......ft. to......ft. Tubing: Size & Wt. 23/8" Bwung at Packer:_______Set at_____ft. Perforated from......ft. to......ft. 19 St 32 22 C-C. (2 Pues) (into 16) T.D.ft. P.B. to ... Open Hole Size..... Treater. Company Representative PRESSURES Total Fluid Pumped TIME Tubing Casing a.m /p.m AOL JOH RIG UP + THE ONTO TUBING, MIX C.C. .23 START 75% COMMON CEMENT SLUKERY 3 2 20 C.C. PULL @ 12501 1934 BISL 50# :54 FIRST 5 BBL 2 BPMO OUT NEXT 10 BBL 3 & BPM & DA LAST 334 BBL 32 BAMP 50X 1510- VAC, PULL IS JOINTS OF TUBING T WAIT I HOUR, RUN TUBING + TAG CEMENT PLUG @ 1130', PLU TUBING TO 850' + TIE ONTO IT PUMP 3 BBL WATER TO MAKE SURE TURING IS CLEAR 3 :*3*3 388L START 75% COMMON CEMENT SWERLY 3-E 20 CC. PLUG C 850', BROKE 3:39 180 832 CIRCULATION OUT OF CASING @ 5 EBBL, 3 EBPM@ 8t. 1510-VAC, PUL 15 TO INT'S OF THBING + WAIT I HOUR, BUN THBING & TAG CEMENT PLUS & 760 PULL THEING TO 3001 BREAK CIPCHUSTION, 3-2 BBL TO BREAK : 14 START COMMON PEMENT SURRY UNTIL GOOD CEMENT & SURFACE 212 BB1 :110 FIRST 112 BBL 374 BPMP OF NEXT 52 832 334 Bime 504 LAGT 428BL 33/4 BPM @ 100 H 1517 D. PLY TYBING + TOP OFF WELL, STANDING FULL MIEN LEAVING WASH UP, TEAR DOWN, L.C. 5:5P Prus ait 5:35 pm