KOLAR Document ID: 1780919

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 Wes						
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 #:					County: Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:						
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		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 Re	ing 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 #:				ə:						
Address 1:			Address 2:	:						
City:				State:		Zip:+				
Phone: ()										
Name of Party Responsible fo	r Plugging Fees:									
State of	County, _			, ss.						
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed				
(Print Name)				E	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.



Remarks

FIELD ORDER N° C 61056

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

				DATE	22-Apr	2024			
IS AUTHORIZE	D BY: BEA	R PETROLEUM (NAME C	F CUSTOMER)						
Address		·	·	State	KS				
TO TREAT WE AS FOLLOWS		BELWell No.	2 SWD	Customer Order No.					
Sec. Twp. Range	-·	County	TREGO	State	KS				
be held liable for any da implied, and no represe treatment is payable. Th our invoicing departmen	amage that may accr intations have been in here will be no disco- nt in accordance with gned represents his If BE SIGNED	n hereof if is agreed that Copeland Acid is to service or treat at owners re ue in connection with said service or treatment. Copeland Acid Service hi elied on, as to what may be the results or effect of the servicing or treating untiallowed subsequent to such date. 6% interest will be charged after 60 latest published price schedules miself to be duly authorized to sign this order for well owner or o	as made no representation, ng seid well. The considerat) days. Total charges are su	expressed or on of said service or bject to correction by					
CODE	QUANTITY	Well Owner or Operator DESCRIPTION		UNIT	Agent	MOUNT			
	 			COST	<u> </u>				
20.0002	80	Mileage P.T.		\$6.00	 -	\$480.00			
20.0003	1	Pump Charge Plug		\$700.00	 	\$700.00			
20.1002	345	60/40 Poz 2% Gel		\$14.00	 	\$4,830.00			
20.1004	600	Add. Gel after 2% Per Sack Hulls per lb.		\$25.25 \$0.65	-	\$151.50 \$390.00			
20.0011	357	Bulk Charge		\$1.25		\$446.25			
20.0012	631.2	Bulk Truck Miles		\$1.10		\$694.32			
	<u></u>	Process License Fee on	Gallons						
			TOTAL B			\$7,692.07			
manner und		terial has been accepted and used; that the aborn, supervision and control of the owner,operator GREG C.				nlike			
Station GE	3		DICK S.						
			Well Owner, Operator or Agent						

NET 30 DAYS



TREATMENT REPORT

Acid	& Cemei	11 (25).						Acid Stage No	٠		
					Type Treatment:	Amt. T	zne Ekiid	Sand Size	Pour	ids of Sand	
Date 4	/22/2024 г	District GB	F.O. N	vo. C61056	Bkdown			30110 3122		10,01,0110	
_	BEAR PETRO					Bbl./Gal.					
	& No. SEIBEL					Bbl./Gal.			_		
		35-21W	Field		1	Bbl./Gal.					
	TREGO		State KS		Flush	Bbl./Gal.			 -		
					Treated from				No. ft.	0	
Casing:	Size 4 1/2	Type & Wt.		Set atft.					No. ft.		
Formation			Perf.		from	ft. to			No. ft.		
Formation					Actual Volume of Oil / N					Bbi /Gal.	
Formation	:		Perf.	to							
	ze Type 8	Wt	Top at ft.	Bottom atft	Pump Trucks. No. l	Jsed: Std. 318	Sp.		Twin		
	•		Swung at		ft. Auxiliary Equipment 360-308T & 129 ft. Personnel GREG CURTIS & ROSS						
		rom			Auxiliary Tools						
					Plugging or Sealing Mat	terials: Type		60/40 POZ 4	1% GEL		
Open Hole	Size	T.D	ft.	toft.				Gals.		1b.	
									•		
Company	Representative		DICK S		Treater		GRE	3 C.			
TIME	PRES	SURES	Total Fluid Pumped			REMARKS					
a.m./p.m.	Tubing	Casing	Total Field Formpes			helvianno					
9:00				ON LOCATION							
		<u></u>							•		
	· · · ·	<u> </u>		PERF @ 500'							
				TIE ON TO THE 4	1/2 & MIX 30	00 SKS WITH 6	00# HU	LLS.			
								•			
				TIE ON THE 5 1/	2 AND PUMP 4	40 SKS, PSI 30	0#				
							_				
				TOPPED OFF WI	TH 5 SKS						
							-				
11:30				JOB COMPLETE						····	
				THANK YOU!!!		<u> </u>		-			
					···						
					 						
											
			<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u>-</u> -		-			