KOLAR Document ID: 1787088

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 #: Well #:				
ENHR Permit #: Gas Storage Permit #:									
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							
Depth to	Top: Botto	m: T.D		Plugging Commenced: 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	ng 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 #: I				»:					
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 Onesates	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.



ORDER N° C 61098

BOX 438 - HAYSVILLE, KANSAS 67060

			310-	524-1225			
IS AUTHORIZ	ED BY: BE	AR PETROLEUM			DATE	24-Jun	202
	<u> </u>	ANTETNOLEUM	(NAME OF	- CUSTOMER)			
Address					State	KS	
TO TREAT W	ELL						
AS FOLLOWS	S Lease SA	NTA FE LAND IMP CO.	Well No.	A-1	Customer Order No.		
Sec. Twp.							
Range 9-33S	-33W		County SI	EWARD	State	KS	
implied, and no repre- treatment is payable, our invoicing departm	sentations have been freme will be no disco- ent in accordance with igned represents has BT BE SIGNED	on hereof it is agreed that Copeland Acid is to service or use in connection with said service or treatment. Coprelied on, as to what may be the results or effect of tount allowed subsequent to such date. 6% interest with latest published price schedules, it is also be duly authorized to sign this order.	beland Acid Service has the servicing or treating till be charged after 60 da	made no representation, said well. The considerati ays. Total charges are su	ned well and is not to expressed or on of said service or bject to correction by		
TE ONE TOTAL	O COMMENCED	Well Owner	or Operator		Ву	Agent	
CODE	QUANTITY	DES	CRIPTION		UNIT		TNUC
20.0002	60	Mileage P.T.			\$6.00		\$360.00
20.0003	1	Pump Charge Plug			\$700.00		\$700.00
20.1002	145	60/40 Poz 2% Gel			\$14.00		\$2,030.00
20.1004	3	Add. Gel after 2% Per Sack			\$25.25		\$75.75
20.0011	148 195.36	Bulk Truck Miles		College	\$1.25 \$1.10		\$185.00 \$214.90
		Process License Fee or	1	Gallons			
1 4'' ''				TOTAL BI	LLING	1	\$3,565.65
manner und	er the directio	terial has been accepted and used n, supervision and control of the ow	that the above ner,operator or	service was perfo his agent, whose	ormed in a good and was signature appears be	orkmanlik low.	е
Copeland R	epresentative	GREG C.					
Station G	В		DI	CK S.			
Damada					Well Owner, Operator or Age	ent	



TREATMENT REPORT

					Acid Stage No.						
Date	6/24/2024	District GB	F.O	No. (61002	Type Treatment: Am	t.		Sand Size	Pounds of Sand		
	BEAR PETRO		F.0	. No. <u>C01092</u>	Bkdown						
	e & No. SANTA		P CO		 	Bbl./Gal					
Location	9-3		field		┤ ─ ──						
County	SEWARD		State KS		Flush						
						Bbl./Gal					
Casing:	Size	Type & Wi	i.	Set at ft.	Treated from	ft.	to	ft. N	o. ft. 0		
Formation	<u></u>		Perf	π.		ft.	to	ft. No	o. ft0		
Formation	:				from		to	ft. No	o. ft. <u>0</u>		
Formation		·	Perf.		Actual Volume of Oil / Wat	er to Load Hole	:		Bbl./Gal.		
		11/9	Perf.								
	emented: Vos	Perforated	fromt.	Bottom at ft.	Pump Trucks. No. Used	: Std. <u>3</u>	<u>18</u> Sρ	T	win		
Tubing:	Size & Wt.	2 3/8	Swung at	n. ton.			3	60-308T			
	Perforated for	rom	ft. to	n.	Personnel GREG CURTIS Auxiliary Tools		 -				
								<u> </u>	_		
Open Hole	Size	T.D.	ft. P	.B. to ft.:	Plugging or Sealing Materia	is: Type		60/40 POZ 4%			
								Gals	lb.		
Company F	Representative		DICKS	5.	Treater		GREG	: c			
TIME							Onte				
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMARKS					
7:45				ON LOCATION							
								· ·			
				CIBP @ 5890' CII	BO @ 5520'			."			
						·					
		····		PUMP 50 SKS @	1590'						
							-	···			
				PUMP 40 SKS @	540'						
						·					
				CIRCULATE CEMI	ENT FROM 60'. T	OOK 50 S	KS	7			
					,						
				TOPPED OFF WIT	H 5 SKS			_			
					-						
11:00				JOB COMPLETE	<u> </u>		-		-		
					 		W				
				THANK YOU!!!							
								-			
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