KOLAR Document ID: 1798670

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 #:			AF	PI No. 1	5				
Name:				Spot Description:					
Address 1:				SecTwp 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:			Fo	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	II (If needed attach another	sheet)	by	by: (KCC District Agent's Name) Plugging Commenced:					
Depth to	Top: Botton	m: T.D	_{Pli}						
Depth to	Top: Botto	m: T.D		00 0					
Depth to	Top: Botto	m:T.D	' '	Trugging Completed.					
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & F			duction)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
cement or other plugs were us		-				ds used in introducing it into the hole. If			
Plugging Contractor License #: Nar				:					
Address 1:			Address 2: _						
City:			Sta	ate:		Zip:+			
Phone: ()									
Name of Party Responsible fo	r Plugging Fees:								
State of	County, _		, s	SS.					
			Г	_	nployee 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.



Remarks

FIELD ORDER N° C 70840

			310-324-1223		
				DATE	25-Jul 20 24
IS AUTHORIZ	ED BY: BE	AR PETROLEUM	IAME OF CUSTOMER)	<u> </u>	
Address			ity	State	KS
TO TREAT WE			· · · · · · · · · · · · · · · · · · ·	<u> </u>	110
AS FOLLOWS		VIDSON A W	'ell No #2	Customer Order No	
Sec. Twp.	1		<u></u>	-	
Range		C	ounty MORTON	State	KS
mplied and no repres reatment is payable. T our invoicing departme The undersi	samage that may acceptations have been There will be no discept in accordance will gned represents I	on hereof it is agreed that Copeland Acid is to service or treat a crue in connection with said service or treatment. Copeland Acid is to service or treatment. Copeland Acid relied on, as to what may be the results or effect of the serviciount allowed subsequent to such date. 6% interest will be chain the latest published price schedules almost for well-simself to be duty authorized to sign this order for well-	id Service has made no representation ng or treating said well. The considera iged after 60 days. Total charges are s	n, expressed or	
THIS ORDER MUS BEFORE WORK IS		_		Ву	
		Well Owner or Operat		UNIT	gent
CODE	QUANTITY	DESCRIPT	ION	COST	AMOUNT
30.0002	150	Mileage Pump Truck		\$6.00	\$900.00
20.0003	11	Pump Charge Plug		\$700.00	\$700.00
20.1002	134	60/40 Poz 2% Gel		\$14.00	\$1,876.00
20.1004	3	Add. Gel after 2% Per Sack		\$25.25	\$75.75
20.2005	100	HULLS PER LB		\$0.65	\$65.00
			<u> </u>		
	·				
20.0011	137	Bulk Charge	· · · · · · · · · · · · · · · · · · ·	\$1.25	\$171.25
20.0012	900	Bulk Truck Miles		\$1.10	\$990.00
			TOTAL BI	LLING	\$4,778.00
I certify that manner und	the above ma er the direction	aterial has been accepted and used; that t n, supervision and control of the owner,o	he above service was per perator or his agent, who	formed in a good and se signature appears b	workmanlike elow.
Copeland Re	epresentative	TIM DETTER	_		
Station GE	3		— DICK SCHREMN	IER	
				Well Owner Operator or Age	nt

NET 30 DAYS



TREATMENT REPORT

ACIU	& Ceme	nt 28.						Acid Stage No.			
	7/25/2024 BEAR PETRO		F.O.	No. <u>70840</u>	Type Treatmen		al		Pounds of Sand		
Well Nam	e & No. DAVIDS	50N A-2			i –	Bhi /G	al				
Location			Field	·	1	Bbl./G	al.				
County	MORTON		State KS		 Flush		ala	 _			
					Treated from						
Casing:	Size	Type & Wt.		Set atft.			ft. to		o. ft. 0		
Formation				to	from -	<u> </u>	ft. to		o. ft0		
Formation			Perf.			-400 (11)	ft. to	ft. No	o. ft0		
Formation					Actual Volume	of Oil / Water to Load	Hole:		Bbl./Gal.		
Liner: Si		. 1874	Perf.		<u>.</u>						
	emented: Voc	Perforated 6	TOP atT.			No. Used: Std.	365 Sp.	т	win		
					Auxiliary Equipment						
	Perforated for				Personnel TIM						
			ft. to		Auxiliary Tools						
Open Hole	Cina	7.0	<i>t</i> n			ling Materials: Typ	e				
Open noie	. Size	T.D	ft. P	.B. toft.	L			Gals.	lb.		
Company Representative			Treater		TIM [DETTER					
TIME		SURES	Total Fluid Pumped								
a.m./p.m.	Tubing	Casing	ļ								
		500	ļ	TIED ON TO CAS	ING AND	TRIED TO GE	T INJ. RATE I	PERSSURE U	P TO 500#		
					·=·						
				MIX 50 SKS AND	100# HU	LLS AT 1550'					
					<u> </u>						
				CIRCULATE HOLI	E 80 SKS A	AT 550'	-				
				TOP OFF W/ 4 SI	KS						
				TOTAL CEMENT	USED 134	SKS 60/40 F	OZ 4% GEL				
				JOB COMPLETE							
									7-11-		
1											
		<u></u>						 -			
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