KOLAR Document ID: 1798674

**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 Feet from North / South Line of Section				
Address 2:								
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:				
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC <b>District</b> Agent's Name)		
Depth to	Top: Botto	m: T.D		Plugging Commenced:				
Depth to	Top: Botto	m: T.D		00 0				
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 #: N				×				
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.



· FIELD ORDER

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

			ı	DATE	20 24
IS AUTHORIZE	ED BY: BEA	R PETROLEUM			
			IAME OF CUSTOMER)	<b>.</b>	<b>40</b>
Address		Ci	ty	State_	18
TO TREAT WE AS FOLLOWS		GERALD B W	/ell No. <u>1-11</u> Custo	mer Order No.	
Sec. Twp. Range		C	ounty SEWARD	State	KS
be held liable for any d implied, and no repres treatment is payable. I our invoicing department	iamage that may acciontations have been there will be no discont in accordance with gned represents h	inhereof it is agreed that Copeland Acid is to service or treat a ue in connection with said service or treatment. Copeland Acielied on, as to what may be the results or effect of the servicunt allowed subsequent to such date, 6% interest will be chall fatest published price schedules.  Inself to be duly authorized to sign this order for well	sid Service has made no representation, expressing or treating said well. The consideration of sai riged after 60 days. Total charges are subject to or the constant of the	ed or d service or	
BEFORE WORK IS	COMMENCED	Well Correct of Openin	By	A	gent
0005	OLIANITITY.	Well Owner or Opera DESCRIPT		רואט	AMOUNT
CODE	QUANTITY	DESCRIPTION	ION	COST	
30.0002	100	Mileage Pump Truck		\$6.00	\$600.00
20.0003	1	Pump Charge Plug		\$700.00	\$700.00
20.1002	150	60/40 Poz 2% Gel		\$14.00	\$2,100.00
20.1005	10	Gel on side per sack		\$25.25	\$252.50
20.1004	3	Add. Gel after 2% Per Sack		\$25.25	<b>\$</b> 75.75
20.0011	163	Bulk Charge		\$1.25	\$203.75
20.0012	717	Bulk Truck Miles		\$1.10	\$788.70
20.0012		20th 1100th 19th Co.		Ψ1.10	φ/GG./U
			TOTAL BILLING		\$4,720.70
		iterial has been accepted and used; that n, supervision and control of the owner,c			
	epresentative	TIM DETTER	<u> </u>	,,	
Station G	В		DICK SCHREMMER		
Remarks			Well Ow	mer, Operator or Age	nt

NET 30 DAYS



## TREATMENT REPORT

ACIG	& Cemen	IL LESSE						WIND STORE IN	/	
_					Type Treatment	t: Amt.	Type Fluid	Sand Size	Pour	nds of Sand
Date (8	3/29/2024 0	istrict GB	F.O. Þ	No. 70859	Bkdown	Bbl./Gal.				
	BEAR PETROL				]	Bbl./Gal.				
	e & No. FITZGEF				]					
Location			Field		]					
County	SEWARD		State KS		Flush					
					Treated from		ft. to	ft.	No. ft.	0
Casing:	Size	_ Type & Wt.	·	Set at ft.	3		ft. to		No. ft.	
Formation			Perf.		from		ft. to	ft.	No. ft.	
Formation			Perf.		Actual Volume	of Oil / Water to Load H	_			Bbl./Gal.
Formation			Perf.		<b>———</b>				<del></del>	<del></del>
					– . Pump Trucks.	No. Used: Std.	365 Sp.		Twin	
					. Auxiliary Equipo		<u> </u>	<del></del>	<u> </u>	
			Swung at	•	. Personnel TIM					<del></del>
	Perforated fr		ft. to		. Auxiliary Tools	<del></del>				
***************************************	·····				-	ling Materials: Type		<del></del>		
Open Hole	e Size	T.D.	ft. P			mig marenina.				lb.
···					<u> </u>					,
Company	Representative				Treater					
TIME	, i	SURES	T	T	1100.01				<del></del>	
a.m./p.m.	<u> </u>	Casing	- Total Fluid Pumped							
,				MIX 10 BAGS OI	E GEL AND	50 SKS 60/40	DO7 4% GE	I AT 171	Ω'	
				INIV TO BYO? C'	/ GEL AND	700 303 00/ 40	/ PUL 470 GE	LAI 1/1	<u> </u>	
		<del> </del>		MIX 50 SKS AT 5	ברטי					
				14114 20 242 41 7	230	****				
			<del> </del>	A #IV EO CVC TO (	CIDCUL ATE	50014 COL		<del></del>		
			<del>                                     </del>	MIX 50 SKS TO (	JIKUULATE	: FKUIVI 6U			<del></del>	****
				450 70741 616				<del></del>		
		ļ		150 TOTAL SKS	·····					
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