KOLAR Document ID: 1837862

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: 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 #: SWD Permit #:	County: Well #: Lease Name: Well #:
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 All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			ction)
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:		_ Name:			
Address 1:		Address 2:			
City:		Stat	e:	Zip:	_+
Phone: ()					
Name of Party Responsible for Plugging I	Fees:				
State of	County,	, ss			
	(Print Name)		Employee of Operator or	Operator on above-o	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.

Submitted Electronically



FIELD № C 48523 ORDER

2025

129

DATE

BOX 438	 HAYSVILLE, KANSAS 67060
	A4A 504 4005

31	6-524	-1225

IS AUTHORIZED BY:		BEAR PETZO .	
Address		City	State
To Treat Well As Follows: Lease	BAIRD - DICENNAN	Well No. # 14 surs	Customer Order No
Sec. Twp. Range	32-345-3E	County County	StateS

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 KIC CONNENCED

HE WORK	IS COMMENCED	Well Owner or Operator By	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	PUMP CHARGE FOR PLUG JOB	700.00	700.00
	300	SACKS COMMON CEMENT	18.00	5400.00
	48	MILEAGE FUEL CHARGE PUMP TRUCK	Le.00	288,00
	30054	Bulk Charge @1.25		375.00
	48 miles			744.48
		Process License Fee onGallons		
		TOTAL BILLING		

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, suder lision and control of the owner, operator or his agent, whose signature appears below.

	Representative	
Station	Bureperonlells	Well Owner, Operator or Agent
Remarks	PLUG JOB W 300 SX COMMON CEMEN	T YS



TREATMENT REPORT

Acid Stage No.

Date 1/29/2025 District F. O. No. Company BERR PETRO. Bbl./Gal. Well Name & No. BATED - DEF NAIAAL H Swid Docation Field Bbl./Gal. County County State LS Piesh Bbl./Cal. Bbl./Cal. Piesh Bbl./Cal. Total. Piesh Bbl./Cal. Total. Piesh Bbl./Cal. Treated from Total Formation: Perf. Perf. Pormation: Perf. Perf. Perf. Liner: Size Type & Wt. Top at. ft. Bottom at. Liner: Size & Wt. No. Perforated from ft. to. Tubing: Size & Wt. NIA Bwung at. ft. Perforated from </th <th>2501.) (Jaal.</th>	2501.) (Jaal.
Company Bot with the second secon	<u>Abl.) (Cal.</u> (1.
Location Field County County State KS Cusiny: Size 5 2 1 Type & Wt Set at Pormation: Perf. Liner: Size Type & Wt. Cemented: Yes/No. Perforated from ft. to ft. to tubing: Size & Wt. NIA Bound at the perforated from ft. to ft. to ft. to tubing: Size & Wt. NIA Public: Set at Perforated from ft. to ft. to ft. to ft. to ft. Packer: Set at Auxillary Tools Public: Pusping or Sealing Materials: Type 300555	(BD). (Cal.
Location Field County County State KS Cusiny: Size 5 2 1 Type & Wt Set at Pormation: Perf. Liner: Size Type & Wt. Cemented: Yes/No. Perforated from ft. to ft. to tubing: Size & Wt. NIA Bound at the perforated from ft. to ft. to ft. to tubing: Size & Wt. NIA Public: Set at Perforated from ft. to ft. to ft. to ft. to ft. Packer: Set at Auxillary Tools Public: Pusping or Sealing Materials: Type 300555	(50). YUal.
County County State LS Cuointy State Liner: State Liner: State Liner: State Liner: State State Liner: State	(350) (Cal.
Cusing: Size 5 Type & W1. Set at	(1.
Formation: Perf. to from ft. to tt. No. It. Formation: Perf. to Actual Volume of Oll/Water to Load Hole: Z Formation: Perf. to Pump Trucks. No. Used: Bid. B323 Sp. Twin Liner: Size Type & Wt. Top at. ft. Bottom at. ft. Pump Trucks. No. Used: Bid. B323 Sp. Twin Cemented: Yes/No. Perforsted from ft. to ft. Auxiliary Equipment Buck CEMENT # 327 Tubing: Size & Wt. NIA Swung at. ft. Packer: Set at. Perforated from ft. to ft. ft. Auxiliary Tools Piugging or Bealing Materials: Type BOOSA Commonl CEMENT Commonl CEMENT	(3b). (Ual.
Formation: Perf. to from ft. to tt. No. It. Formation: Perf. to Actual Volume of Oll/Water to Load Hole: Z Formation: Perf. to Pump Trucks. No. Used: Bid. B323 Sp. Twin Liner: Size Type & Wt. Top at. ft. Bottom at. ft. Pump Trucks. No. Used: Bid. B323 Sp. Twin Cemented: Yes/No. Perforsted from ft. to ft. Auxiliary Equipment Buck CEMENT # 327 Tubing: Size & Wt. NIA Swung at. ft. Packer: Set at. Perforated from ft. to ft. ft. Auxiliary Tools Piugging or Bealing Materials: Type BOOSA Commonl CEMENT Commonl CEMENT	<u>Bbl. (Gal.</u>
Formation: Perf. to Formation: Perf. to Formation: Perf. to Liner: Size Type & Wt. Top at. ft. Bottom at. ft. Cemented: Yes/No. Perforsted from. ft. to ft. Tubing: Size & Wt. NIA Swung at. ft. Perforated from. ft. to ft. Packer: Putting: Size & Wt. NIA Swung at. ft. Perforated from. ft. to ft. Packer: Putting: Size & Wt. NIA Set at. Putting: Size & Wt. NIA Set at. Perforated from. ft. to ft. Putting: Size & Wt. NIA Set at. Provide: Set at. Auxillary Tools Plugging or Bealing Materials: Type. 30057. Common Centers	
Formation: Perf. to Liner: Size Type & Wt. Top at ft. Bottom at ft. Cemented: Yes/No. Perforated from. ft. to ft. Auxiliary Equipment Buck CEMENT # 322 Tubing: Size & Wt. NIA Bwung at ft. Packer: Set at Perforated from. ft. to ft. Auxiliary Tools Piugging or Bealing Materials: Type. 3005x. Commonl. CEMENT	
Liner: Size Type & W. Top L. Top	n.
Cemented: Yes/No. Perforated from	n.
Perforated from	-
Periodated Protection Total Plugging or Bealing Materials: Type 3005% Common CEMENT	
then Hole Size	lb.
1 Tot such	
Company Representative Treater Treater Teater	
TIME PRESSURES Total Fluid REMARKS	
a.m /p.m. Tubing Casing Pumped	
9:42 AOL, J3A, EIG UP + TIE ONTO CASING SWAGE	
10:31 5000 982 BBL START COMMON CEMENT SUMPLY, CAUGHT & ZBL	
FIRST Z BEL Z BAM COFF	
: NEXT 7 BBL 12 BPM @ 300#	
NEXT LOS BBL 1314 BAN @ 250 #	<u> </u>
: NELT 25 2 BBL /34 BOM @ 300A	
: Next 22 BBL 134 BPM & 400 #	
: LAST 35 1/2 BR2 13 H BPM @ 500#	
: ISIP-200 #, SHUT IN, KNOCK LOOSE, WASH IND & THE BACK ONTO CH	<u>3/11/07</u>
: Swabe, FLUSH VALVE + SWABE + SHUT IN	
12:03 TEAR DOWN, L.C.	
	<u> </u>
	<u></u>



FIELD № C 48527 ORDER

BOX 438	٠	HAYSVILLE,	KANSAS 67060
		216 524 14	225

		516-524-1225	DATE131	20 25
IS AUTHORIZED BY:		BEAR PETRO . (NAME OF CUSTOMER)		
Address		City	State	
To Treat Well As Follows: Lease _	BAIRD-DRENNAN	Well No. HHSWD	Customer Order No.	
Sec. Twp. Range	32-343-3E	County Courter C	State	ks

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.

Bv

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

		Well Owner or Operation	ator	Agent	
CODE	QUANTITY	DE	SCRIPTION	UNIT COST	AMOUNT
	1	Pump CHARGE FOR PULS JO	в	700.00	700.00
	30	SACUS COMMON CEMENT		18.00	540.00
	48	MUEAGE FUEL CHARGE PUMP	Tizuele	6.00	288.00
	1	BUY TRAILER RENTAL		250.00	250.00
100					
	305+	Bulk Charge @1.25	\$150.20 MIN CHARLE		150.00
	48 miles		\$150,00 min CHARGE		150.00
		Process License Fee on	Gallons		
			TOTAL BILLING		

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative

emmon

Station	BUFFET

Remarks

Well Owner, Operator or Agent

POLY TEALLER



TREATMENT REPORT

Acid Stage No.

			Type Treatment: Amt. Type Fluid Sand Size Pounds of Saud
			0. No
COMPANY BEAR PETICO. Well Name & No. BALED-DEENNAN # 14 SWD			
Location			
County COL	LAN COUNTY	State K.	
	- 1/-11		Treated fromft. toft. No. ft.
Cusing: Size 5 1/2** Type & Wt. Set at		WL	Set atft. No. ft.
Formation:to			
Formation:to			Actual Volume of Oil / Water to Load Hole:
Formation:			
Liner: Size			
		Swung at	
			ft. Auxiliary Tools
			Plugging or Sealing Materials: Type 305x Common CEMENT
Own Hole Size			.B. to
Company I	Representative		Treater DEperch
TIME	PRESSURES	Total Fluid	REMARKS
a.m /p.m.	Tubing Ca.	ling Pumped	
10:24			AOL, JSA, RIG UP, RUN 1" POLY + TAGE 140' + TIE ONTO IT
10:49		334 BBL	Break Cieculation, 334 BBL TO BREAK
10:52		71/2 BBL	START COMMONI CEMENT SULPRY LINTIL GOOD CEMENT SURFACE
<u> </u>			FIRST 3 BBL HBMC50T
			LAST 41/2 BBL 14 BPM & 100#
:			151P-0
11:30			WASH UP, TEAR DOWN, L.L. STANDING FULL WHEN LEAVING
			0.11.00.10
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			- Pallina -
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