

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 #: _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic☐ Water Supply Well ☐ Other: _____ ☐ SWD Permit #: _____☐ ENHR Permit #: _____ ☐ Gas Storage Permit #: _____Is ACO-1 filed? ☐ Yes ☐ No If not, is well log attached? ☐ Yes ☐ No

Producing Formation(s): List All (If needed attach another sheet)

_____ Depth to Top: _____ Bottom: _____ T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____

Spot Description: _____

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ ☐ East ☐ West_____ Feet from ☐ North / ☐ South Line of Section_____ Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

County: _____

Lease Name: _____ Well #: _____

Date Well Completed: _____

The plugging proposal was approved on: _____ (Date)

by: _____ (KCC District Agent's Name)

Plugging Commenced: _____

Plugging Completed: _____

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
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: _____ State: _____ Zip: _____ + _____

Phone: (_____) _____

Name of Party Responsible for Plugging Fees: _____

State of _____ County, _____, ss.

(Print Name) ☐ Employee 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.

Submitted Electronically



FIELD
ORDER

N° C

71019

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

DATE 30-Jun 20 25

IS AUTHORIZED BY: BEAR PETROLEUM

(NAME OF CUSTOMER)

Address _____ City _____ State KS

TO TREAT WELL

AS FOLLOWS. Lease SMITH

Well No. 21-3 Customer Order No.

Sec. Twp.

Range _____ County PAWNEE State KS

Job Safety Analysis-Hazards & Safety Procedures

X	Hard Hat
	H2S Monitor
x	Safety Shoes
	FR Clothing
	Hearing Protection

X	Gloves
X	Eye Protection
	Respiratory Protection
	Chemical/Acid PPE
	Fire Extinguisher

<input type="checkbox"/>	Permits
<input type="checkbox"/>	Trip Hazard
<input type="checkbox"/>	Fall Protection

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
30.0002	80	Mileage Pump Truck	\$6.00	\$480.00
20.0003	1	Pump Charge Plug	\$700.00	\$700.00
20.1002	250	60/40 Poz 2% Gel	\$15.55	\$3,887.50
20.1004	5	Add. Gel after 2% Per Sack	\$25.25	\$126.25
20.2005	100	HULLS PER LB	\$0.65	\$65.00
20.0011	255	Bulk Charge	\$1.25	\$318.75
20.0012	440	Bulk Truck Miles	\$1.10	\$484.00
		Process License Fee on Gallons		
		TOTAL BILLING		\$6,061.50

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 TIM DETTER

Station GB

DICK SCHREMMER

Well Owner, Operator or Agent

Remarks

NET 30 DAYS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid 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. 8% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

