

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 61406

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

DATE 22-Apr 20 26

IS AUTHORIZED BY. BEAR PETROLEUM

(NAME OF CUSTOMER)

Address _____ City _____ State KS

TO TREAT WELL

AS FOLLOWS: Lease PRESCOTT Well No. 5 Customer Order No.

Sec. Twp.

Range	County STAFFORD	State KS
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Job Safety Analysis-Hazards & Safety Procedures

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

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

	Permits
x	Trip Hazard
	Fall Protection

[illegible]

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 GREG C.

Station GB

PHIL

Remarks	Well Owner, Operator or Agent
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NET 30 DAYS

CONDITIONS: As a part of the consideration hereof, it is agreed that Copeland Acid is to service or treat at owner's 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.

[illegible]



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

N° C

61410

DATE 28-Apr 20 26

IS AUTHORIZED BY: BEAR PETROLEUM

(NAME OF CUSTOMER)

Address _____ City _____ State KS

AS FOLLOWS: Lease PRESCOTT Well No. 5 Customer Order No.

Range _____ County STAFFORD State KS

Job Safety Analysis-Hazards & Safety Procedures

☒	Hard Hat	☒	Gloves	☐	Permits
☐	H2S Monitor	☐	Eye Protection	☒	Trip Hazard
☒	Safety Shoes	☐	Respiratory Protection	☐	Fall Protection
☐	FR Clothing	☐	Chemical/Acid PPE		
☐	Hearing Protection	☒	Fire Extinguisher		

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 GREG C.

Station GB

PHIL P.

Well Owner Operator or Agent

Remarks	TOPPED OFF WELL WITH 25 SKS COMMON
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NET 30 DAYS

CONDITIONS: As a part of the consideration hereof, it is agreed that Copeland Acid is to service or treat at owner's 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.