KOLAR Document ID: 1979689

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 #: 4419
Name: Bear Petroleum, LLC
Address 1: PO BOX 438
Address 2:
City: HAYSVILLE State: KS Zip: 67060 + 0438
Contact Person: Phil Pierpoint
Phone: (316) 524-1225

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 - 15-135-25805-00-00
Spot Description:
SE - SE - NE - SE Sec. 9 Twp. 20 S. R. 21 ☐ East ☑ West
1476 Feet from ☐ North / ☑ South Line of Section
324 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Ness
Lease Name: JENNIFER Well #: 1-9
Date Well Completed:
The plugging proposal was approved on: *(Date)*
by: *(KCC **District** Agent's Name)*
Plugging Commenced: 06/08/2026
Plugging Completed: 07/13/2026

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
		Surface	8.625	724	0
		Production	5.5	4497	0

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.

Lay well down. Run tubing to 800' and pumped 50 sax common cement. Tied onto 5 1/2" casing and pumped 240 sax common cement. Topped off with 10 sax common cement. Tied onto surface casing and pumped 5 sax common cement. Job complete.
Total cement - 305 sax

Plugging Contractor License #: 3004 Name: Gressel Oilfield Service, LLC
Address 1: PO BOX 438 Address 2:
City: HAYSVILLE State: KS Zip: 67060 + 0438
Phone: (316) 524-1225
Name of Party Responsible for Plugging Fees: Bear Petroleum LLC
State of Kansas County, Sedgwick , ss.
Phil Pierpoint *(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

COPELAND Acid & Cement

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

FIELD ORDER N° C 71189

DATE 7=8 20 26

IS AUTHORIZED BY: BEAR PETROLEUM (NAME OF CUSTOMER)

Address _____ City _____ State KS

TO TREAT WELL AS FOLLOWS: Lease JENNIFER Well No. #1-9 Customer Order No. _____

Sec. Twp. Range _____ County NESS State KS

Job Safety Analysis-Hazards & Safety Procedures

[x]	Hard Hat	[x]	Gloves	[ ]	Permits
[ ]	H2S Monitor	[ ]	Eye Protection	[x]	Trip Hazard
[x]	Safety Shoes	[ ]	Respiratory Protection	[ ]	Fall Protection
[ ]	FR Clothing	[ ]	Chemical/Acid PPE		
[ ]	Hearing Protection	[x]	Fire Extinsuisher		

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0001	55	Mileage P.U.	$4.00	$220
30.0002	110	Mileage Pump Truck	$6.00	$660.00
20.0003	1	Pump Charge Plug	$700.00	$700.00
20.1001	290	Common Cement Sack	$18.25	$5,292.50
20.1012	15	Calcium Chloride per 50 lb.	$42.00	$630.00
20.2005	200	HULLS PER LB	$0.65	$130.00
20.0011	305	Bulk Charge	$1.25	$381.25
20.0012	770	Bulk Truck Miles	$1.10	$847.00
		Process License Fee on Gallons		
		TOTAL BILLING		$ 8862.75

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 PHIL

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. 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.

COPELAND
Acid & Cement

TREATMENT REPORT

Acid Stage No. _____

Date 7/8/2026 District GB F.O. No. 71189

Company BAER PETROLEUM

Well Name & No. JENNIFER #1

Location _____ Field _____

County NESS State KS

Casing: Size 5 1/2 Type & Wt. _____ Set at _____ ft.

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Liner: Size _____ Type & Wt _____ Top at _____ ft. Bottom at _____ ft.

Cemented: Yes Perforated from _____ ft. to _____ ft.

Tubing: Size & Wt. 2 7/8 Swung at _____ ft.

Perforated from _____ ft. to _____ ft.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment:	Amt.		Type Fluid	Sand Size	Pounds of Sand
Bkdown	_____	Bbl./Gal.	_____		
	_____	Bbl./Gal.	_____		
	_____	Bbl./Gal.	_____		
	_____	Bbl./Gal.	_____		
Flush	_____	Bbl./Gal.	_____		

Treated from _____ ft. to _____ ft. No. ft. 0

from _____ ft. to _____ ft. No. ft. 0

from _____ ft. to _____ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Pump Trucks. No. Used: Std. 318 Sp. _____ Twin _____

Auxiliary Equipment _____

Personnel TIM NATHAN JON

Auxiliary Tools _____

Plugging or Sealing Materials: Type _____

_____ Gals. _____ lb.

Company Representative _____ Treater TIM DETTER

TIME	PRESSURES		Total Fluid Pumped	
a.m./p.m.	Tubing	Casing		
				MIX 50 SKS AND 200# HULLS AT 800'
				PULL OUT OF HOLE
				HOOK UP TO 5 1/2
				MIX 240 SKS
				TOTAL SKS USED 290 SKS COMMON
				200# OF HULLS
				JOB COMPLETE

COPELAND Acid & Cement

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

FIELD ORDER N° C 61474

DATE 13-Jul 20 26

IS AUTHORIZED BY: BEAR PETROLEUM (NAME OF CUSTOMER)

Address _____ City _____ State KS

TO TREAT WELL AS FOLLOWS: Lease JENNIFER Well No. 1-9 Customer Order No. _____

Sec. Twp. Range _____ County NESS State KS

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

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0002	60	Mileage P.T.	$6.00	$360.00
20.0003	1	Pump Charge Plug	$700.00	$700.00
20.1001	15	Common Cement Sack	$18.25	$273.75
	15	Bulk Charge	MIN	$150.00
	21.15	Bulk Truck Miles	MIN	$150.00
		Process License Fee on Gallons		
		TOTAL BILLING		$1,633.75

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

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. 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.

COPELAND
Acid & Cement

TREATMENT REPORT

Acid Stage No. _____

Date 7/13/2026 District GB F.O. No. C-61474
Company BEAR PETROLEUM
Well Name & No. JENNIFER
Location _____ Field _____
County NESS State KS

Casing: Size _____ Type & Wt. _____ Set at _____ ft.
Formation: _____ Perf. _____ to _____
Formation: _____ Perf. _____ to _____
Formation: _____ Perf. _____ to _____
Liner: Size _____ Type & Wt _____ Top at _____ ft. Bottom at _____ ft.
Cemented: Yes Perforated from _____ ft. to _____ ft.
Tubing: Size & Wt. _____ Swung at _____ ft.
Perforated from _____ ft. to _____ ft.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment:	Amt.		Type Fluid	Sand Size	Pounds of Sand
Bkdown		Bbl./Gal.			
		Bbl./Gal.			
		Bbl./Gal.			
		Bbl./Gal.			
Flush		Bbl./Gal.			

Treated from _____ ft. to _____ ft. No. ft. 0
from _____ ft. to _____ ft. No. ft. 0
from _____ ft. to _____ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole. _____ Bbl./Gal.

Pump Trucks. No. Used: Std. 365 Sp. _____ Twin _____
Auxiliary Equipment 327
Personnel GREG JON
Auxiliary Tools _____
Plugging or Sealing Materials: Type COMMON
_____ Gals. _____ lb.

Company Representative PHIL Treater GREG C.

TIME	PRESSURES		Total Fluid Pumped	
a.m./p.m.	Tubing	Casing		
12:15				ON LOCATION
				TOPPED OFF CASING WITH 10 SKS.
				TIE ONTO SURFACE PIPE AND PUMP 5 SKS. PRESSURED UP TO 300#
				HOLE STAYED FULL
1:15				JOB COMPLETE
				THANK YOU!!!