

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1050026

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:			#	API No. 15	5						
Name:				Spot Description:							
Address 1:			-	Sec Twp S. R East							
Address 2:			-		North / South Line of Section						
City:	State:	Zip:+	_		Feet from	East / West Line of Section					
Contact Person:			F	ootages	Calculated from Neares	st Outside Section Corner:					
Phone: ()					NE NW	SE SW					
Type of Well: (Check one) Water Supply Well ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s): List A	Other: Gas Sto No If not, is well	SWD Permit #: rage Permit #: log attached? Yes	[[County: Lease Name: Well #: Date Well Completed:							
Depth to	Top: Botto	m: T.D		00 0							
Depth to	Top: Botto	m:T.D		Plugging (Completed:						
Show depth and thickness of	all water, oil and gas forma	ations.									
Oil, Gas or Water	Records		Casing Red	Sasing Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
Describe in detail the manner cement or other plugs were us						ds used in introducing it into the hole. If					
Plugging Contractor License #	<i>‡</i> :		Name:								
Address 1:			Address 2:								
City:				State:		Zip: +					
Phone: ()											
Name of Party Responsible fo	r Plugging Fees:										
State of	County, _			, ss.							
	(5)			Em	ployee of Operator or	Operator on above-described well,					

Submitted Electronically

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



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 02374 A

The same of the sa	PRESSL		1PING & WIRELINE	1011c 020-072-	1201			DATE	TICKET NO.						
DATE OF JOB	22-	~S	DISTRICT PRA +	4		NEW OLD PROD INJ WDW CUSTOMER WELL WELL ORDER NO.:									
			Drilling 2	7 C		LEASE	Pohe	nt	/- 3	<u> </u>	WELL NO.				
ADDRESS			7			COUNTY Pawree STATE KS									
CITY			STATE			SERVICE CREW Sallivan, Melson, Phyl									
AUTHORIZED E	3Y							,	Sartoc	,					
EQUIPMEN	Τ#	HRS	EQUIPMENT#	HRS	EQU	IPMENT#	HRS		LED _{OS-2} 2		E AM TIN	ΛΕ			
33769-7697		50	and .					ARRIVED A		7	AM PM (2)				
19960-198	160	50	VI					START OPE	RATION	-	AM PM	<u> </u>			
19867		•						FINISH OPE	RATION	/	AM PM				
								RELEASED	08-22	-10	AM 09 3				
								MILES FRO	M STATION TO) WELL	65				
become a part of the	his contra	ct withou	l of and only those terms and ut the written consent of an o	officer of Basic Ene	ergy Ser	vices LP.	S	IGNED: (WELL OWN	JAN JER/OPERATOR	, CONTE	RACTOR OR AG	() SENT)			
ITEM/PRICE REF. NO.			MATERIAL, EQUIPMENT	T AND SERVICE	ES USE	ED	UNIT	QUANTITY	UNIT PRI	CE	\$ AMOUN	T 			
CP 101			Blew ont				sk	200.			3,600				
CP 100	1 .	nn					SK	200-		+	3,200				
CC 102	Cale	FOR					16	100-		+	<u>320</u> 987				
CF 105	70		Subbon Plus	85/8			5 A	770				00			
€ 100	Deck	20	nelas	<u> </u>			mi	65				25			
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SERVICE REPRESENTATIV	IE/OL	bert	wellen-	ORDERED BY			RECEIVED		1	7/A	rul C)			
FIELD SERVICE (ORDER	NO.					(WELL O	WINER OF EMA	FOR CONTRACT	OH OH A	AGENI)				



TREATMENT REPORT

Customer	ŢL	ease No	:				Date											
Lease /	V	Well #/- 2							1 08-22-10									
Field Order #	ield Order # Station PRAH							Casing S/ Depth						OE-22-10 Sty				
Type Job	<i>ଧ</i> ି	3/6	بے ک	Rfor	e		,			nation			Legal De	escription				
	E DATA		PER	FORA	TING	DATA		FLUID	USED			TREA	TMENT	RESUME				
Casing Size	Tubing S	ize	Shots/F	-t					RATE PRE			SS	ISIP					
Depth 55	Depth		From		То		Pre l	Pad			Мах		· · · · · · · · · · · · · · · · · · ·	5 Min.	· · · · · · · · · · · · · · · · · · ·			
Volume	Volume		From		To		Pad				Min			10 Min.				
Max Press	Max Pres	ss	From		То		Frac		···		Avg			15 Min.				
Well Connection	on Annulus	Vol.	From		То						HHP Used	1		Annulus P	essure			
Plug Depth	Packer D	epth	From		То	1.	Flush		-		Gas Volun	ne		Total Load				
Customer Rep	resentative		-			Station	Manag	ger DA	IUE .	Sca	H	Treater	260 A	All	war			
Service Units	12567	33.	208	209	ZO	1996	<u> </u>											
Driver Names	Sylhoan		ne/s	00		Ph	19						4					
Time	Casing Pressure	,	ubing essure	Bbls	s. Pum	ped	R	ate				Serv	ice Log					
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10244	NE Hiwa	ay 6	1 • P.	0. B	ox 8	613 •	Prati	t, KS 6	7124-8	3613	3 • (620	672-120	1 • Fax	(620) 67	2-5383			



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 02530 A

	PRESSURE	PUMPING	& WIRELINE			. Alman		DATE	TICKET NO		LOTOMER.				
DATE OF JOB &-6	26-10	DIST	RICT / RAT	-Ks.		NEW □ OLD □ PROD □ INJ □ WDW □ CUSTOMER ORDER NO.:									
CUSTOMER ((, D.))RLG	INC.			LEASE ROBERT WELL NO. /- 6									
ADDRESS		,			•	COUNTY PAWNEE STATE KS.									
CITY			STATE			SERVICE CREW SULLIVAN, LESLEY, WHITTEN									
AUTHORIZĖD B	BY					JOB TYPE:	Cill	- P.T.A	\ .						
EQUIPMENT	Г# Н	RS.	EQUIPMENT#	HRS	EQU	JIPMENT#	HRS	TRUCK CALL	.ED 💪 🗅	DATE	AM ATI	ME			
19867								ARRIVED AT		10-1C	ANT 4:	<u> </u>			
<u>19889/198</u>	42 4		·					START OPER			PM 4	<u>2</u>			
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								RELEASED				70			
									STATION TO	WELL	PM 193	,0			
· .	<u></u>					·		- WILLOT HOW	101/11101110		(05	:			
become a part of th	nis contract w	ithout the v	d only those terms an written consent of an	officer of Basic En	nergy Ser	vices LP.		SIGNED:	PARTOR,		ACTOR OR A	GENT)			
ITEM/PRICE REF. NO.		MATE	RIAL, EQUIPMEN	T ÀND SERVIC	ES US	ED	UNIT	QUANTITY	\$ AMOUNT						
CP 103	60/	40 t	<u> </u>				SK	200		Ì	2,40c	-			
CC 200	CEM	ENT	GEC_	<u></u>				344 1		$\perp \perp$	<u> </u>	\propto			
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SERVICE	-12/		1//			IAL AND SER		NDV: / / / /	-77 KI	10.	. A				

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer	O. DR	<i>]]</i>	100 -	TNC	TL	ease No.		i		<u>.</u>		Date					
10000	Pobor +		7		٧	Vell #	- 2	2				08-	26-1	(c)			
Field Order #	Statio	_ ^	14			<u> </u>		Casing	j	Depth	n .	County	INER		State		
Type Job	w	7.H		٠					rmation	1	Legal Description						
	DATA		FORAT	ING	DATA		FLUID	USED	1		TRE		RESUME				
Casing Size	Tubing Si	ize	Shots/F	t			Aci	id	*			RATE PR	RESS ISIP				
Depth	Depth		From		То		Pre	e Pad	<u> </u>		Max			5 Min.			
Volume	Volume		From		То		Pa	d			Min		**. *	10 Min.			
Max Press	Max Pres	s·	From		То		Fra	iC			Avg	:	······	15 Min.	· · · · · · · · · · · · · · · · · · ·		
Well Connectio	n Annulus \	/ol.	From	İ	То						HHP Used	d		Annulus P	ressure		
Plug Depth	Packer De	epth	From		То	,	Flu	sh			Gas Volur	ne	Total Load				
Customer Rep	resentative					Station	Man	ager D	4UE	\$	4	Treater	26ent	Selle	14)		
Service Units	19867	19	<i>95</i> 9	1989	1/2	1982	20	19918									
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Time	Casing Pressure		ubing /	Bbls.	Pum			Rate				Ser	vice Log				
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