

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

1060540

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 #: _____

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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



PAGE	CUST NO	INVOICE DATE
1 of 1	1003562	08/01/2011
INVOICE NUMBER		
1718 - 90660927		

Pratt (620) 672-1201
 B ROBERTS RESOURCES INC
 I 2020 N TYLER RD STE 106
 L WICHITA
 L KS US 67212
 T
 O ATTN:

J LEASE NAME Alice 1-32
 O
 B LOCATION
 B COUNTY Kiowa
 S STATE KS
 I
 T JOB DESCRIPTION Cement-New Well Casing/Pi
 E JOB CONTACT

71730 Cement PJA

JOB #	EQUIPMENT #	PURCHASE ORDER NO.		TERMS	DUE DATE
40350467	19842			Net - 30 days	08/31/2011
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 07/30/2011 to 07/30/2011					
0040350467					
171804707A Cement-New Well Casing/Pi 07/30/2011 P.T.A.					
60/40 POZ		190.00	EA	9.48	1,801.19 T
Cement Gel		328.00	EA	0.20	64.78 T
Unit Mileage Charge-Pickups, Vans & Cars		45.00	HR	3.36	151.09
Heavy Equipment Mileage		90.00	MI	5.53	497.70
Proppant and Bulk Delivery Charges		369.00	MI	1.26	466.42
Depth Charge; 1001-2000'		1.00	HR	1,185.00	1,185.00
Blending & Mixing Service Charge		190.00	MI	1.11	210.14
Supervisor		1.00	HR	138.25	138.25
			</		

BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 04707 A

DATE TICKET NO. _____

DATE OF JOB 7-30-11 DISTRICT Patt				NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:			
CUSTOMER Roberts Resources				LEASE Alice WELL NO. 132			
ADDRESS				COUNTY Kiowa STATE KS			
CITY STATE				SERVICE CREW Orlando, Mitchell, Pierre			
AUTHORIZED BY				JOB TYPE: PTA CNW			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 7-30-11 AM PM TIME 10:30
27283	3					ARRIVED AT JOB	AM PM 12:00
19889-19842	3					START OPERATION	AM PM 12:30
19831-19862	3					FINISH OPERATION	AM PM 3:30
						RELEASED	AM PM 4:00
						MILES FROM STATION TO WELL	45

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

[illegible]

SUB TOTAL	451457
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CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE	Steve D. Webb	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:	[Signature]
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FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

