

### Kansas Corporation Commission Oil & Gas Conservation Division

1062165

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

### WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

OPERATOR: License #:		API No. 1	5									
Name:		If pre 196	If pre 1967, supply original completion date:									
Address 1:		Spot Des	Spot Description:									
Address 2:			Sec Twp S. R East Wes Feet from North / South Line of Section Feet from East / West Line of Section									
City: State:		T										
Contact Person:		_										
Phone: ( )		Footages	Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW									
Filone. ( )												
			ame:									
		Loade No		von m.								
Check One: Oil Well Gas Well OG	D&A Cat	thodic Wate	r Supply Well Ot	ther:								
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:								
Conductor Casing Size:	Set at:		Cemented with:		Sacks							
Surface Casing Size:	_ Set at:		Cemented with:		Sacks							
Production Casing Size:	_ Set at:		Cemented with:		Sacks							
Elevation: ( G.L. / K.B.) T.D.:  Condition of Well: Good Poor Junk in Hole  Proposed Method of Plugging (attach a separate page if addit  Is Well Log attached to this application? Yes No	Casing Leak at:tional space is needed):			tone Corral Formation)								
Plugging of this Well will be done in accordance with K.  Company Representative authorized to supervise plugging												
Address:	(	City:	State:	Zip:	_+							
Phone: ( )												
Plugging Contractor License #:		Name:										
Address 1:	A	Address 2:										
City:			State:	Zip:	_+							
Phone: ( )												
Proposed Date of Plugging (if known):												

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically



### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1062165

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

## CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (CB-1)	Cathodic Protection Borehole Intent)							
OPERATOR: License #	Well Location:							
Name:	SecTwpS. R							
Address 1:								
Address 2:	Lease Name: Well #:							
City: State: Zip:+	If filing a Form T-1 for multiple wells on a lease, enter the legal description of							
Contact Person:	the lease below:							
Phone: ( ) Fax: ( )								
Email Address:								
Surface Owner Information:								
Name:	When filing a Form T-1 involving multiple surface owners, attach an additional							
Address 1:	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the							
Address 2:	county, and in the real estate property tax records of the county treasurer.							
City: State: Zip:+								
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered or	dic Protection Borehole Intent), you must supply the surface owners and a batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.							
owner(s) of the land upon which the subject well is or will be loce CP-1 that I am filing in connection with this form; 2) if the form the form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I an KCC will be required to send this information to the surface owner(s).	act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  cknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this I fee, payable to the KCC, which is enclosed with this form.							
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.							
Submitted Electronically								

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner

August 25, 2011

Kent Roberts Roberts Resources, Inc. 2020 N TYLER RD, STE 106 WICHITA, KS 67212

Re: Plugging Application API 15-097-21695-00-00 Alice 1-32 SW/4 Sec.32-30S-18W Kiowa County, Kansas

#### **Dear Kent Roberts:**

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after February 21, 2012. The CP-1 filing does not bring the above well into compliance with K.A.R 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely, Production Department Supervisor

cc: District 1

(620) 225-8888



PAGE CUST NO INVOICE DATE 07/19/2011 1 of 1 1003562

INVOICE NUMBER

1718 - 90648589

Pratt

(620) 672-1201

B ROBERTS RESOURCES INC I 2020 N TYLER RD STE 106

L WICHITA

KS US

67212

o ATTN:

LEASE NAME

LOCATION

COUNTY

I

т

Kiowa

Alice

STATE

JOB DESCRIPTION

KS

Cement-New Well Casing/Pi

JOB CONTACT E

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			QTY	U of M	UNIT	PRICE	INVOICE AMO	UNT
or Service Dates	:: 07/16/2011 to 0	7/16/2011						
040344970		,						
171804620A Cem	nent-New Well Casing/Pi	07/16/2011						
8 5/8" Surface Pip	е							
A-Con Blend Comr	non		175.00			14.22		
Common			175.00			12.64		1.8t 7.21
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Cement Gel			330.00	ŧ		0.20	1	5.1
Top Rubber Cemer	nt Plug 8 5/8"		1.00	1		177.74	1	177.
	ge-Pickups, Vans & Cars	3	45.00	1		3.36	L	151.
Heavy Equipment	-		90.00	ł		5.53		197
Proppant and Bulk			743.00	ı		1.26 947.94		939. 947.
Depth Charge; 50 Blending & Mixing			1.00 350.00			1.11	1	387.
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Supervisor	nzation onalge		1	HR		138.24	1	138
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PLEASE REMIT TO:

PO BOX 841903 DALLAS,TX 75284-1903

BASIC ENERGY SERVICES, LP BASIC ENERGY SERVICES, LP PO BOX 10460

MIDLAND, TX 79702

SEND OTHER CORRESPONDENCE TO:

SUB TOTAL TAX 9,280.01 426.59

INVOICE TOTAL

9,706.60



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

# FIELD SERVICE TICKET 1718 04620 A

P	PRESSURE	PUMP	PING & WIRELINE					DATE	TICKET NO		<u> </u>			
DATE OF JOB 7 -	16-20	)// [	DISTRICT PRATIK	/ 5.		NEW OLD □ PROD □ INJ □ WDW □ CUSTOMER ORDER NO.:								
CUSTOMER R	RESOURCE	LEASE ALICE WELL NO.1-32												
ADDRESS		COUNTY KIOWA STATE/LS.												
CITY			STATE	· · · · · · · · · · · · · · · · · · ·	SERVICE CREW LESLEY, MITCHELL, MCGRAW									
AUTHORIZED BY	I KE	NT	ROBERTS			JOB TYPE:	CNU	)-85%	<u> "S.P. </u>					
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Decome a part of this	s contract v	without	the written consent of an offi	cer of Basic	Energy Se	ervices LP.	s	IGNED: Ku	- Sunt	4		and the second second		
									ER, OPERATOR, O	CONTR	RACTOR OR AG	ENT)		
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CC 200	CEN	1EI	VT GEL				16	330,			82	50		
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REPRESENTATIVE

FIELD SERVICE ORDER NO.

Jesley

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

Kn Ja So

(AAETT CAAINE

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



### TREATMENT REPORT

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Max Press	Max Press	From		То		Fra	(a) 1.3	4 CUFT3	Avg				15 Min.			
Well Connection	n Annulus V	ol. From		То					HHP Use	ed			Annulus Pressure			
Plug Depth 9		From		То		Flu	ish 42.	5 BBZ	Gas Volu	me			Total Lo	ad		
Customer Rep	resentative	L. RUBE.	RTS		Station	Mar	ager ).	SCOTT		Tre	ater	V.LE	SCEY			
4.5	27283		1990	5			19860									
Driver Names		MITCHE	c-		McGA	244	>									
Time	Casing Pressure	Tubing Pressure	Bbls	. Pum	ped		Rate				Serv	ice Log				
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10 com								RUN	85/8°	x2	1#	259.	- 16JT	5,		
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