

**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

#### 1000912

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 #:			A	PI No.	. 15						
Name:				Spot Description:							
Address 1:			_		Sec Tw	rp S. R East West					
Address 2:			_	Feet from North / South Line of Section							
City:	State:	Zip:+	-	Feet from East / West Line of Section							
Contact Person:			F	Footages Calculated from Nearest Outside Section Corner:							
Phone: ( )				□ NE □ NW □ SE □ SW							
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	ounty.							
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:							
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on:							
Producing Formation(s): List	All (If needed attach another	sheet)	b	y:		(KCC <b>District</b> Agent's Name)					
Depth to	o Top: Botto	m: T.D		luaain	a Commenced:						
Depth to	o Top: Botto	m: T.D		Plugging Commenced:  Plugging Completed:							
Depth to	o Top: Botto	m: T.D	'	luggiii	g completed.						
Show depth and thickness of	all water, oil and gas forma	ations.									
Oil, Gas or Wate	r Records		Casing Rec	Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top)	) for ea	ach plug set.						
Plugging Contractor License	#:		Name:								
Address 1:			Address 2:								
City:			S	tate: _		Zip:+					
Phone: ( )											
Name of Party Responsible for	or Plugging Fees:										
State of	County, _		,	SS.							
	(Print Name)			E	Employee 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



## FIELD SERVICE TICKET

1718 04873 A

P			SERVICES Pho	ne 620-6	72-1201			DATE	TICKET NO				
DATE OF JOB 10-19 - 2011 DISTRICT PRITERS.						NEW □ OLD PROD □ INJ □ WDW □ CUSTOMER ORDER NO.:							
CUSTOMER GRIFFIN MANAGEMENT						LEASE MORGAN WELL NO.							
ADDRESS		COUNTY HARTER STATE KS.											
CITY	STATE	SERVICE CREW (ESLEY, (AURENCE, HUNTER											
AUTHORIZED BY	AUTHORIZED BY							Twi-I	P.T.A.				
EQUIPMENT#	#	HRS	EQUIPMENT#	HRS	EQI	JIPMENT#	HRS	TRUCK CALL	LED 16-19-	DATE	AM TIP	ME (	
3/586	E	1.5						ARRIVED AT			AM 7	160	
19824-1986	2	15						START OPE			AM IO	00	
1 11 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		11 -						FINISH OPE	RATION		AM //	30	
								RELEASED	Art.	B	MAM /2	:42	
							MILES FROM STATION TO WELL 65						
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)												ns shall	
ITEM/PRICE REF. NO.		М	ATERIAL, EQUIPMENT	AND SER	SED	UNIT	QUANTITY	UNIT PRIC	E	\$ AMOUNT			
CP 103	600	KIC	P02				SK	200		10			
CC 200	COO CENTENT GEL							344		9.0			
0000	200 CEMENT GEL							ICCO					
E 100	FK	KUI	FUNDAMENT	-1111	ENLE		1731	1315					
E 113	FIFT	17	FLILEDIPH	ANGE			T/10	559					
CF 804	TY	TH	CHANGE: 310	11561	115		HR	1.4					
CE 240	BLE	AID	NG FRUICE	= CH	HRGE		3K	200					
5003	SEI	PULCI	= SUIFIUSO	2			EA	1					
												-	
											THEFT		
				27500000									
					-						1 1	-	
CHE	EMICAL /	ACID DA	TA:				2		SUB TO	TAL	6.019	6	
					10000	RVICE & EQUIP	PMENT		X ON \$		1		
					MA	ATERIALS		%TA	X ON \$				
									TC	TAL			

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



# TREATMENT REPORT

Customer	, , ,	1/1		1.6	nos - Vi					[ D :					
- CTR	IFFINI/	MANAG	TEMER	JT	ease No	•				Date		17	2.11		
	MICKETAN								10-19-2011-					E	
Field Order #	Station	17211	TIKS				Casing	Depth	county HARPER					State /5.	
Type Job	SPL	) - T	TIF	).				Formation	1			Legal De	scription 4	1-9	
PIPE	DATA	PEF	RFORA	TING	DATA		FLUID I	USED	TREATMENT RESUME						
Casing Size	Tubing Siz	e Shots	/Ft			Ac	eid	RATE PRE			PRES	ESS ISIP			
Depth	Depth	From		То		Pr	e Pad		Max				5 Min.		
Volume	Volume	From		То		Pa	nd		Min				10 Min.		
Max Press	Max Press	From		То		Fra	ac		Avg			15 Min.			
Well Connection		From		То					HHP Used			Annulus Pressure			
Plug Depth	Packer De	pth From		То		Flu	ush	8	Gas Volu	me			Total Load	d	
Customer Repre	sentative	JR (TK	IFF IA	J	Station	n Mar	nager ).	SCOTT	-	Treater	1	lites	SETY		
Service Units	7586	19903	199	05	1980	76	19860						1		
Driver Names	ESLEY!	ALAWAL	MCi-		flux	EK									
Time	Casing Pressure	Tubing Pressure	Bbl	s. Pum	ped		Rate			S	Servio	e Log			
1. COAM								UNILL	SCAT,	ICN -	5	AFE 7	y 11/16	ETING	
1.50 Am					$\rightarrow$		,	73172	UGE	142	15	,			
	The same	200		40			4	11/1/1/	05K	GEL		-CIRC	WATE	Z D	
6.62FIN		200	1 8	.9	1		4,	MIX	55K	liv je	10	1020	a 13	.78 PPG	
UZBAM		150	-	0			7	01512	HCEL	HENT	1	/			
U:16Am			-	10	1		-	ソート	26/71	6-4/2	5			7/	
		100	- (	1.9	1		5	MIX 3	5 SK	(10/4)	01	172	à 13,	18119	
		0	+				3	DIDIO	MEEN	11/11	1 -	/			
0:59Am		-	+	11	_		2.5	0 1	-	<u> </u>	15	OTA	<i>i</i> –		
CONDENI							1.3	MIX	0.00	10		)KFFIC	00	i Av -	
0.50Am		8						Phili	DEND	OCFI,	10	TRA	) 50K	FACE	
NOAM			1					TIP	EE /	150 1	(7	1000	7	X	
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											-7	HANK	15 -		
											- /-	KEU	ENILE	scē y	
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