



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

KANSAS CORPORATION COMMISSION 1085574  
OIL & GAS CONSERVATION DIVISION

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.  
 \_\_\_\_\_  Employee of Operator or  Operator on above-described well,  
 (Print Name)

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

# LOG-TECH OF KANSAS, INC.

86 SW 10 AVE.

GREAT BEND, KANSAS 67530

(620) 792-2167

INVOICE

7067

Date 6-20-17

CHARGE TO: Chesapeake Operating Company  
 ADDRESS \_\_\_\_\_

R/A SOURCE NO. 802246 CUSTOMER ORDER NO. \_\_\_\_\_

LEASE AND WELL NO. Jacobs # 2-36 FIELD \_\_\_\_\_

NEAREST TOWN \_\_\_\_\_ COUNTY Seward STATE KS

SPOT LOCATION E/2 - NW SEC. 36 TWP. 31S RANGE 32W

ZERO 9' AGL CASING SIZE 4 1/2" WEIGHT \_\_\_\_\_

CUSTOMER'S T.D. \_\_\_\_\_ LOG TECH \_\_\_\_\_ FLUID LEVEL \_\_\_\_\_

ENGINEER Lee Bretz OPERATOR H. Buehler, M. Martes

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	
<u>Cut 4 1/2" casing at 1351</u>	<u>1</u>		<u>1351</u>	

DEPTH AND OPERATIONS CHARGES					
Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
<u>Set 4 1/2" CIBP DB-5 at 5450</u>	<u>0</u>	<u>5450</u>	<u>5450</u>	<u>22</u>	
<u>Dump 2 sacks Cement on plug</u>	<u>0</u>	<u>3200</u>	<u>3200</u>	<u>-31</u>	
<u>Gamma Ray / CCL / Bond</u>	<u>3200</u>	<u>0</u>	<u>3200</u>	<u>.29</u>	

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>	<u>1</u>	
<u>4 1/2" CIBP DB-5</u>	<u>1</u>	
<u>Service Charge</u>	<u>1</u>	

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

St. Dew 010735  
 Customer Signature Date

.....	Sub Total	
Code Ref. ....	Tool Insurance	
.....	Tax	
.....		



### Cement Report

Customer	Chesapeake Energy	Lease No.		Date	6-22-12
Lease	Jacobs	Well #	2-36	Service Receipt	03679
Casing	8 5/8" 24"	County	Seward	State	KS
Job Type	241-PTA	Formation		Legal Description	36-31-32

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8" 24"	Tubing Size	2 3/8"	Lead
Depth		Depth	1330'	60/40 Poz
Volume		Volume	6 bbl	
Max Press		Max Press		Tail In
Well Connection		Annulus Vol.		
Plug Depth		Packer Depth		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:45					on loc-site assessment
8:50					spot tanks - rig up
9:00					safety meeting / ISA
10:00	50	50	3		circ hole @ 1330' pump gelled water
10:30	50	18.7	3		mix + pump 70 sk 60/40 Poz @ 13.5 ppz - 1.50 ft/sk - 7.50 gal/sk
10:40			4	2	disp. balanced plug estimated loc ± 9037'
10:15	50	5	3		circ. hole @ 560' pump gelled water
11:20	50	13.4	3		mix + pump 50 sk 60/40 Poz
11:30	25	1.4	1		disp. balanced plug estimated loc ± 350'
12:00					circ hole @ 60'
12:15	25	5.3	2		mix + pump 20 sk 60/40 Poz
12:20					circ. cut to surface
					job complete

Service Units	34726	27828-14553	30463-37724
Driver Names	A Owen	E Mendoza	S Chavez

Steven \_\_\_\_\_ Customer Representative
J. Bennett \_\_\_\_\_ Station Manager
A Owen \_\_\_\_\_ Cementer



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.  
P.O. Box 129  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET

1717 03679 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>6-22-12</b> DISTRICT <b>1717</b>		NEW WELL <input type="checkbox"/> OLD WELL <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:						
CUSTOMER <b>Chesapeake Energy</b>		LEASE <b>Jacobs #2-36</b>		WELL NO.				
ADDRESS		COUNTY <b>Sevier</b>		STATE <b>KS</b>				
CITY STATE		SERVICE CREW <b>E Mendora, S Chavez</b>						
AUTHORIZED BY <b>Jc Bennett IRB</b>		JOB TYPE: <b>24H PTA</b>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
<b>34726</b>	<b>4</b>						<b>6-22-12</b>	<b>8:00</b>
<b>27808</b>	<b>1</b>							<b>8:00</b>
<b>19553</b>	<b>2</b>							<b>9:00</b>
<b>30463</b>	<b>2</b>							<b>10:00</b>
<b>37724</b>	<b>2</b>							<b>12:00</b>
						ARRIVED AT JOB		
						START OPERATION		
						FINISH OPERATION		
						RELEASED		
						MILES FROM STATION TO WELL	<b>25</b>	<b>mi</b>

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.

AFE# 802246

SIGNED: *[Signature]*  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<b>CU03</b>	<b>6040 Poz</b>	<b>SK</b>	<b>170</b>		
<b>CC200</b>	<b>Colment Gel</b>	<b>lb</b>	<b>206</b>		
<b>54151</b>	<b>Pro Gel 200</b>	<b>gal</b>	<b>7182</b>		
<b>E101</b>	<b>Heavy Equipment Mileage</b>	<b>mi</b>	<b>50</b>		
<b>CE240</b>	<b>Blending + Mixing Service</b>	<b>SK</b>	<b>160</b>		
<b>E113</b>	<b>Proppant + Bulk Delivery</b>	<b>ton/ft</b>	<b>173</b>		
<b>CE204</b>	<b>Pump Depth: 3001-4000</b>	<b>unit</b>	<b>1</b>		
<b>E100</b>	<b>Unit Mileage</b>	<b>mi</b>	<b>25</b>		
<b>5003</b>	<b>Service Supervisor</b>	<b>ea</b>	<b>1</b>		
SUB TOTAL					

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)