

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

1099526

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 #:			AF	API No. 15 -								
Name:				Spot Description:								
Address 1:			_	Sec Twp 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:			Fo	Footages Calculated from Nearest Outside Section Corner:								
Phone: ()					NE NW	SE SW						
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic C	ountv	r:							
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #: Date Well Completed:								
ENHR Permit #:	Gas Sto	rage Permit #:										
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1	The plugging proposal was approved on:(Date)								
Producing Formation(s): List A	All (If needed attach another	sheet)	by	r:		(KCC District Agent's Name)						
Depth to	Top: Botto	m: T.D	_{PI}	uaair	na Commenced:							
Depth to	Top: Botto	m: T.D		Plugging Completed:								
Depth to	Top: Botto	m:T.D		33	0 1							
				—								
Show depth and thickness of		ations.										
Oil, Gas or Water	Records		_	sing Record (Surface, Conductor & Production)								
Formation	Content	Casing	Size		Setting Depth	Pulled Out						
Describe in detail the manner cement or other plugs were us	. 00					ds used in introducing it into the hole. If						
Plugging Contractor License #	<i>t</i> :		Name:									
Address 1:			Address 2: _									
City:			St	ate: _		Zip:+						
Phone: ()												
Name of Party Responsible fo	r Plugging Fees:											
State of	County, _		,	SS.								
	(Print Name)		[[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

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

FIELD SERVICE TICKET

1718 06605 A

		MPING & WIRELINE	one 020-0	72-1201			DATE	TICKET NO.		7		
DATE OF 9-2	13-12	DISTRICT Pra7	NEW ☐ OLD ☐ PROD ☐ INJ ☐ WDW ☐ CUSTOMER ORDER NO.:									
CUSTOMER /	LEASE Keith 145 WELL NO.											
ADDRESS	COUNTY Barton STATE KS											
CITY	SERVICE CREW EDMYNDO REED Melson											
AUTHORIZED B		EQUIPMENT#	JOB TYPE: (NW PT4									
EQUIPMENT	JIPMENT#	HRS	7.27									
19960 - 210			•		ARRIVED AT		9-23		15			
37586							START OPE		9-2	3 AM	Dig	
			- 2				FINISH OPE	HATION	9.23		15	
	(A)						RELEASED	A STATION TO	9-25	AM 3	2	
										. 60		
The undersigned	d is authorized t	ONTRACT CONDITIONS: (This to execute this contract as an a	agent of the	customer. A	s such, the unders	signed agre	es and acknowl	edges that this	contract f	or services, mat	terials,	
products, and/or su become a part of the	ipplies includes his contract with	all of and only those terms and out the written consent of an o	conditions a fficer of Basi	ppearing on c Energy Se	the front and back rvices LP.	of this do	cument. No addit	tional or substitu	te terms	and/or condition	s snaii	
SIGNED: (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT												
ITEM/PRICE REF. NO.		MATERIAL, EQUIPMENT	AND SER	VICES US	ED	UNIT	QUANTITY	UNIT PR	\$ AMOUN	1T		
CP 103	60140	POZ				SK	145			1.740	00	
CC 200	(em	ent Gel		- 1		10	250			62	54	
E 100	Pick	UP Milegg	2			mi	60			255	00	
E 101	Heav)	mileage				mi	120			840	00	
112	DULB	peuvery	-			117	3.7.5			1.700	00	
E 240	my	n Charge				12h	145			203	00	
5 007	5,00	21/15/20		-		29	7			175	00	
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The state of the s						1						
		74-1								741		
									-			
CHEMICAL / ACID DATA: SUB TOTAL										3,806	6	
	- CASCANI		1.	RVICE & EQUIP								
			4	MA	TERIALS		%TA	X ON \$	TO TAL	Щ,		
			J						TOTAL			
									-1		Mr il	

REPRESENTATIVE /

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE



TREATMENT REPORT

Customer L. D. Orilling					Le	Lease No.							Date							
Lease Killh						Well # /-15						9-23-12								
Field Order # Station Pruff						Casing 4 1/2 Depth					77010 00.1011									
		27.							For	mation				Legal	Descript	ion/5	-19-12			
PIPE DATA PERFORATING DATA							FLUID USED				TREATMENT RESUME									
Casing Size	Tubing Size Shots/Ft					Acid	i			RATE		TE PRESS		ISIP						
Depth 675	Depth		From		То		Pre	Pad		Max						5 Min,				
Volume	Volume		From		То	·o					Min				10 Min.					
Max Press	Max Press	5	From		То	Го		Frac			Avg				15 Min.					
Well Connection		ol.	From			То					HHP Use			Annulus Pressure						
Plug Depth	Packer De	epth From			То		Flush				Gas Volu				Total Load					
Customer Repr	esentative	Tin	7			Station	Mana	ager Sco	MY			Trea	ater J	LOG!	meL	SON				
Service Units	19559	198	43	1996	0	21010	2	37586	-											
Driver Names	EDMU			1	3 E	ED		melso.	2								1			
Time	Casing Pressure		ubing essure	Bbls,	Pum	umped Rate				Service Log										
11:15 41										Plug I set at 675°										
1.15 Pm									Plug 1 set 97 675'											
	160				5		4		1120 SPUCET											
	160			7			4		Mix 60/40 POZ WITH 49/09el											
125	100				2		4		Had spacer											
								Plun 2 SETGT 440)												
		-		2		<i>1</i>		4		H28 SPacer										
										MIX 60/40 POZ WITH 49/0				gel	gel					
	*								MIX 60/40 POZ PUT Wood PLUG in						-					
					1.3			- 4		X 60	0/40 1	02	Py	T WO	28 PL	44 1	MTOP PL			
2					5)	Bathole JOB Complete Thanky											
2:15										1019	Com	Alte	0							
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