



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

KANSAS CORPORATION COMMISSION 1110936  
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



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

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

FIELD SERVICE TICKET

1718 07271 A

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

DATE OF JOB: 11-01-12		DISTRICT: Pratt, KS		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: L.O. Drilling				LEASE: LORRAINE		1-35		WELL NO.	
ADDRESS:				COUNTY: STAFFORD		STATE: KS			
CITY:				STATE:		SERVICE CREW: Sullivan, Callaway, Pearson			
AUTHORIZED BY:				JOB TYPE: CNW 8 5/8 surface					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
19889-19843	35						10-31-12	AM	9:45
19959-21010	35						11-01-12	AM	11:30
37900								AM	4:40
								AM	5:15
								AM	6:00
						MILES FROM STATION TO WELL			20

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 pot cut	SK	350		4,200.00
CC 102	Coll Fok	lb	88		325.60
CC 109	Calcium chloride	lb	903		948.15
CF 153	breakers Plug 8 5/8	SA	1		1,600.00
E 100	pink oil	mi	25		1,060.25
E 101	Heavy Coat oil	mi	50		350.00
E 113	Bulk Delivery	TM	376		602.00
CE 200	Depth charge	SA	1		1,000.00
CE 240	Blending - chitin	SK	350		490.00
SE 504	plug container rental	SA	1		250.00
5003	Spines Separator	SA	1		1,250.00

SUB TOTAL  
DLS 6,455.25

CHEMICAL / ACID DATA:			

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

Thank you TOTAL

SERVICE REPRESENTATIVE: *[Signature]* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer <i>L.D. Drilling</i>	Lease No.	Date <i>11-01-12</i>	
Lease <i>LORRAINE</i>	Well # <i>7-35</i>		
Field Order # <i>7271</i>	Station <i>PRATT KS</i>	Casing <i>8 5/8"</i>	Depth <i>395'</i>
Type Job <i>CNW 8 5/8" Surface</i>	Formation	County <i>STAFFORD</i>	State <i>KS</i>
		Legal Description <i>35-25-15</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 5/8"</i>				Pre Pad	Max		5 Min.	
Depth <i>395</i>	Depth	From	To	Pad	Min		10 Min.	
Volume <i>24</i>	Volume	From	To	Frac	Avg		15 Min.	
Max Press <i>100</i>	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth / <i>312</i>	Packer Depth	From	To					

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert L. Hines</i>
Service Units <i>37900 19889 19843 19959 21010</i>		
Driver Names <i>Sullivan Callahan Perkins</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>11:30</i>					<i>on wa surface</i>
					<i>Run 9 JTS 8 5/8" #23 csg.</i>
<i>4:20</i>					<i>CASING on bottom</i>
<i>4:30</i>					<i>Hook up to csg.</i>
<i>4:40</i>	<i>100</i>		<i>3</i>	<i>4</i>	<i>set SPIDER</i>
				<i>4.5</i>	<i>mix cmt 35usk 6/4/102 3%cc 1/4 CF</i>
			<i>75</i>		<i>cmt mix do shut down</i>
					<i>Release Plug</i>
				<i>4</i>	<i>At Disp</i>
<i>5:15</i>			<i>24</i>		<i>Plug down</i>
					<i>cmt in cellar.</i>
					<i>JOB complete</i>
					<i>Thank you</i>



Customer <i>L.D. Drilling</i>	Lease No.	Date <i>11-9-12</i>	
Lease <i>Lorraine</i>	Well # <i>1-35</i>		
Field Order # <i>7391</i>	Station <i>Pratt</i>	Casing	Depth
Type Job <i>PTA New well</i>	Formation	County <i>Stafford</i>	State <i>KS</i>
		Legal Description <i>35-25-15</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
				<i>22052-60/40PO2</i>			Max	5 Min.
Depth	Depth	From	To	Pre Pad <i>1.432-1d</i>			Min	10 Min.
Volume	Volume	From	To	Pad <i>1.01</i>			Avg	15 Min.
Max Press	Max Press	From	To	Frac			HHP Used	Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush			Gas Volume	Total Load
Plug Depth	Packer Depth	From	To					

Customer Representative <i>Steve Stephens</i>	Station Manager <i>Dave Scott</i>	Treater <i>Steve Wilford</i>
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Service Units	<i>07275</i>	<i>17881</i>	<i>19843</i>	<i>17831</i>	<i>17862</i>				
Driver Names	<i>W. L. ...</i>	<i>W. L. ...</i>	<i>W. L. ...</i>	<i>P. ...</i>	<i>W. L. ...</i>				

Time	Casing Pressure	Tubing Pressure	Bbbls. Pumped	Rate	Service Log
<i>10:30 AM</i>					<i>Well location - Safety check</i>
			<i>151 M @ 41586</i>		<i>w/50 sacks 60/40PO2</i>
			<i>15</i>	<i>5</i>	<i>H2O Ahead</i>
			<i>12</i>	<i>5</i>	<i>Mix 50 sacks @ 13.8"</i>
			<i>5</i>	<i>5</i>	<i>H2O spacer</i>
<i>1:45 PM</i>			<i>60</i>	<i>5</i>	<i>Med Displacement</i>
			<i>2nd Plug @ 990</i>		<i>w/50 sacks 60/40PO2</i>
			<i>10</i>	<i>5</i>	<i>H2O Ahead</i>
			<i>12</i>	<i>5</i>	<i>Mix 50 sacks @ 13.8"</i>
			<i>3</i>	<i>5</i>	<i>H2O Displacement</i>
<i>3:45 PM</i>			<i>6</i>	<i>5</i>	<i>Med Displacement</i>
			<i>3rd Plug @ 1100</i>		<i>w/50 sacks 60/40PO2</i>
			<i>10</i>	<i>5</i>	<i>H2O Ahead</i>
			<i>12</i>	<i>5</i>	<i>Mix 50 sacks</i>
<i>4:30 PM</i>			<i>14</i>	<i>5</i>	<i>H2O Displacement</i>
			<i>11th Plug @ 600</i>		<i>w/20 sacks</i>
<i>5:30 PM</i>			<i>5</i>		<i>Med Displacement</i>
					<i>Connect to Surface</i>
					<i>Mix 50 sacks 60/40PO2 1H/MT 6/11</i>