



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

KANSAS CORPORATION COMMISSION 1115978
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.

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

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



6076
701 Schmitt
6438

PAGE 1 of 1	CUST NO 1007589	INVOICE DATE 12/05/2012
INVOICE NUMBER 1718 - 91066600		

Pratt (620) 672-1201
 B HERMAN L LOEB LLC
 I PO Box: 838
 L LAWRENCEVILLE
 L IL US 62439
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Schmitt 4-23
 O LOCATION
 B COUNTY Hodgeman
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.		TERMS	DUE DATE
40541739	19905			Net - 30 days	01/04/2013
For Service Dates: 12/04/2012 to 12/04/2012					
0040541739					
171807168A Cement-New Well Casing/Pi 12/04/2012 Cement PTA					
60/40 POZ		210.00	EA	9.00	1,889.99 T
Celloflake		53.00	EA	2.78	147.08 T
Cement Gel		362.00	EA	0.19	67.88 T
"Unit Mileage Chg (PU, cars one way)"		100.00	MI	3.19	318.75
Heavy Equipment Mileage		200.00	MI	5.25	1,050.00
"Proppant & Bulk Del. Chgs., per ton mil		905.00	EA	1.20	1,086.00
Depth Charge; 1001'-2000'		1.00	EA	1,125.00	1,125.00
Blending & Mixing Service Charge		210.00	BAG	1.05	220.50
"Service Supervisor, first 8 hrs on loc.		1.00	EA	131.25	131.25

PAID
36002
DEC 14 2012
21
SCANNED

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	6,036.45
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	156.82
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	6,193.27
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 07168 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>12-4-2012</u> DISTRICT			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: <u>HERMAN L. LOEB LLC</u>			LEASE: <u>SCHMITT</u>				WELL NO.: <u>4-23</u>		
ADDRESS:			COUNTY: <u>HODGEMAN</u>		STATE: <u>Ks.</u>				
CITY:			SERVICE CREW: <u>LESLEY, MARQUEZ, PAGE</u>						
AUTHORIZED BY:			JOB TYPE: <u>CNW - P.T.A.</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM-PM	TIME
<u>37586</u>	<u>7.5</u>						<u>12-4-12</u>		<u>12:00</u>
<u>19903-19905</u>	<u>7.5</u>					ARRIVED AT JOB		<u>AM</u>	<u>4:00</u>
<u>70959-19918</u>	<u>7.5</u>					START OPERATION		<u>PM</u>	<u>8:30</u>
						FINISH OPERATION		<u>AM</u>	<u>10:30</u>
						RELEASED		<u>PM</u>	<u>11:30</u>
						MILES FROM STATION TO WELL			<u>100</u>

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)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>CP 103</u>	<u>60/40 P02</u>	<u>SK</u>	<u>210</u>		<u>2,520.00</u>
<u>CC 200</u>	<u>CEMENT GEL</u>	<u>lb</u>	<u>362</u>		<u>90.50</u>
<u>CC 102</u>	<u>CELLOFLAKE</u>	<u>lb</u>	<u>53</u>		<u>196.10</u>
<u>E 100</u>	<u>PICKUP MILEAGE</u>	<u>MI</u>	<u>100</u>		<u>425.00</u>
<u>E 101</u>	<u>HEAVY EQUIPMENT MILEAGE</u>	<u>MI</u>	<u>200</u>		<u>1,400.00</u>
<u>E 113</u>	<u>BUK DELIVERY CHARGE</u>	<u>TM</u>	<u>905</u>		<u>1,448.00</u>
<u>CE 202</u>	<u>DEPTH CHARGE; 1000'-2000'</u>	<u>HR</u>	<u>1-4</u>		<u>1,500.00</u>
<u>CE 240</u>	<u>BLENDED SERVICE CHARGE</u>	<u>SK</u>	<u>210</u>		<u>394.00</u>
<u>S 103</u>	<u>SERVICE SUPERVISOR</u>	<u>EA</u>	<u>1</u>		<u>175.00</u>

CHEMICAL / ACID DATA:			

SUB TOTAL	<u>415</u>	<u>6,036</u>	
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE: <u>Lesley Jessely</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	



TREATMENT REPORT

Customer HOFFMAN, LUBBICK Lease No. _____ Date 12-4-2010
 Lease 11675 Well # 4-23
 Field Order # _____ Station Perm. K. Casing 4 1/2" D.I. Depth _____ County Hutchinson State Ks.
 Type Job Perm. Treat. Formation _____ Legal Description 23-2-25

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <u>4 1/2" D.I.</u>	Tubing Size <u>3 1/2"</u>	Shots/Ft	<u>117-118</u>	Acid <u>10% HCl</u>	RATE	PRESS	ISIP	
Depth <u>117-118</u>	Depth <u>117-118</u>	From	To	Pre Pad <u>1.5 hours</u>	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press <u>1100</u>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <u>S.V.</u>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative E. WILSON Station Manager D. BLOTT Treater K. LESLEY

Service Units	<u>3750</u>	<u>1103</u>	<u>1105</u>	<u>1049</u>	<u>1110</u>				
Driver Names	<u>Lesley</u>	<u>Willet</u>	<u>---</u>	<u>Phog</u>	<u>---</u>				

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
4:00 AM					CALL LOG - SAFETY MEETING
4:15 AM					*3750 GAL. 100' of 3000 GAL.
4:30 AM	200		15	6	11% AHEAD
4:45 AM	200		17.5	6	MIN 50 GAL. @ 15.8 BTU/G
5:00 AM	200		4	6	11% BEHIND
5:15 AM	200		17	6	ADD DISPLACEMENT
5:30 AM					*3750 GAL. 100' of 3000 GAL.
5:45 AM	200		5	6	11% AHEAD
6:00 AM	200		10	6	MIN 50 GAL. @ 15.8 BTU/G
6:15 AM	200		8.5	6	11% BEHIND
6:30 AM	200		5	4	*3750 GAL. 100' of 3000 GAL.
6:45 AM	200		10.5	4	MIN 50 GAL. @ 15.8 BTU/G
7:00 AM	200		4.5	4	11% BEHIND
7:15 AM					*3750 GAL. 100' of 3000 GAL.
7:30 AM	200		5	2	MIN 50 GAL. @ 15.8 BTU/G
7:45 AM					ADD TO WASTE
8:00 AM			6.4	2	P.A. 100' of 3000 GAL. @ 15.8 BTU/G
					3 P. 100' of 3000 GAL.
					TOTAL -
					Waste/Total