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

## **KANSAS CORPORATION COMMISSION**

**OIL & GAS CONSERVATION DIVISION** 

1133855

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

## WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	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:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:  SWD Permit #:  SWD Permit #:    ENHR Permit #:  Gas Storage Permit #:  Gas Storage Permit #:  Is ACO-1 filed?  Yes  No    Is ACO-1 filed?  Yes  No  If not, is well log attached?  Yes  No    Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Plu
Depth to Top: Bottom:T.D	

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 Plu	ugging Fees:			
State of	County,	, SS.		
	(Print Name)		tor or Operator on ab	
		statements, and matters harain contained, and the		

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

**ASIC**<sup>\*\*</sup> 1700 S. Country Estates Rd. P.O. Box 129 Liberal, Kansas 67905

a start of the second s		SERVICES Pho PING & WIRELINE	one 620-6	624-2277			
· · ·					·		DATE TICKET NO
DATE OF JOB 2 14 1	3 1	DISTRICT / 7/7					
CUSTOMER 540					LEASE /	pa	# 1.17 WELL NO.
ADDRESS						loran.	STATE /15
CITY		STATE			SERVICE C		Christ, Eddie, Norma
AUTHORIZED BY	Eg I	Rent J	RB		JOB TYPE:	21/1	PTA
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	IPMENT#	HRS	TRUCK CALLED DATE AM TIME
78978	12	70897 -	17	3046	nue:	17	ARRIVED AT JOB 2 14 13 AM - 114)
		19570 -	1	3772		1	START OPERATION 7 11/13 PM -700
							FINISH OPERATION 7 101 13 AM -1.30
							RELEASED - HILLY AM

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. 121 1.1 M 

SIGNED: 0. 1/11/10/1 /mincodel
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)
,

MILES FROM STATION TO WELL

7.1413 AM

FIELD SERVICE TICKET

1717 03257 A

ITEM/PRICE REF. NO. MATERIAL, EQUIPMENT AND SERVICES USED UNIT QUANTITY UNIT PRICE \$ AMOUNT 60 40 PUZ 103 510 300 3600  $\gamma$ 7200 a neart (ret 15 516 29 00 54151 16 420 24 E101 an Canoward All 200 114 400 >2240 5 E 300 70 5113 Alla tra 1290 20604 8705 Chis 1 100 100 1921 425 5603 04 1 arni sor 8653 SUB TOTAL 60 CHEMICAL / ACID DATA: **SERVICE & EQUIPMENT** %TAX ON \$ MATERIALS %TAX ON \$

REPRESENTATIVE Same Munt

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

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENTI

NA

TOTAL

14W

Customer	and the second secon	service: al, Kansas		Lease No.		Da	Cement Repo	<u>// L</u>	
Lease	Ard have	<u> </u>		Well #			Date		
Casing Depth				County			State 11.5		
Job Type 🚽	41 PTA	and the second	Formation	1	Legal De		<u></u>		
the second s	The for the	Pipe D	 Nata	Derforatin		rating Data	Cement Data		
Casing size	11/2		Tubing Size		1	hots/Ft	Lead	118	
Depth	14/7		Depth , 1100		From	То		÷.	
Volume 70	BL/C		Volume 13.615		From	То			
Max Press	1200		Max Press 500		From	То	Tail in 300510	 :	
Well Connec	tion 27		Annulus Vol.	$\overline{k}$	From		the S. F.J. But goff la	440.	
Plug Depth	1100		Packer Depth		From	То	7.5 Cal. 94 1 3	35 æ	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumbed	Rate		Ser	vice Log		
14/00							De lacation	<del></del>	
1030						Surty M	retg-Mig Up		
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73.11

**Customer Representative** 

Station Manager

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Cementer

Taylor Printing, Inc.

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