

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

1136947

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	PI No.	15	
Name:				ot De	escription:	
Address 1:			_		Sec Tw	p 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	otage	es Calculated from Neares	st Outside Section Corner:
Phone: ()					NE NW	SE SW
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	c C	nuntv.		
Water Supply Well	Other:	SWD Permit #:		-		Well #:
ENHR Permit #:	Gas Sto	rage Permit #:				vveii #.
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1			ved on:(Date)
Producing Formation(s): List A	─ \ll (If needed attach another	sheet)				(KCC District Agent's Name)
Depth to	Top: Botto	m: T.D	1			
Depth to	Top: Botto	m: T.D		•		
Depth to	Top: Botto	m:T.D	1	ugging	g Completed:	
Show depth and thickness of	all water, oil and gas forma	ations.				
Oil, Gas or Water	Records		Casing Reco	ord (Su	urface, Conductor & Produc	tion)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
cement or other plugs were us	sed, state the character of	same depth placed from (bot	tom), to (top)	for ea	ach plug set.	
Plugging Contractor License #	#:		Name:			
Address 1:			Address 2: _			
City:			St	ate:		Zip:+
Phone: ()						
Name of Party Responsible fo	or Plugging Fees:					
State of	County, _		, ;	SS.		
	(Print Name)		[E	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



RECEIVED APR 1 1 2013

1004409

CUST NO

INVOICE DATE 04/09/2013

INVOICE NUMBER

1718 - 9<u>1161545</u>

Pratt

(620) 672-1201

B VAL ENERGY

1 200 W DOUGLAS AVE STE 520

_ WICHITA

KS US 67202

o ATTN:

ACCOUNTS PAYABLE

LEASE NAME

LOCATION

Bedwell

1-34

COUNTY

В

I

PAGE

Barber KS

STATE

JOB DESCRIPTION

Cement-New Well Casing/Pi

JOB CONTACT

јов #	EQUIPMENT #	PURCHASE	ORDER NO.		TERMS	DUE DATE
40583477	19905				Net - 30 days	05/09/2013
	<u> </u>		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates.	: 04/08/2013 to 04	1/08/2013				
0040583477		9233.				
	nt-New Well Casing/Pi (04/08/2013				
Cement PTA						
60/40 POZ Cement Gel			170.00		9.00	
"Unit Mileage Chg (P	U. cars one way)"		294.00 40.00		0.19 3.19	1
Heavy Equipment Mi			80.00		5.25	
"Proppant & Bulk De	I. Chgs., per ton mil		294.00		1.20	
Depth Charge; 501'-			1.00		900.00	1
Blending & Mixing Se			170.00		1.05	5
"Service Supervisor,	first 8 hrs on loc.		1.00	EA	131.25	131.25

PLEASE REMIT TO:

SEND OTHER CORRESPONDENCE TO:

BASIC ENERGY SERVICES, LP BASIC ENERGY SERVICES, LP PO BOX 841903 DALLAS, TX 75284-1903

801 CHERRY ST, STE 2100 FORT WORTH, TX 76102

SUB TOTAL

TAX

3,695.18 115.71

INVOICE TOTAL

3,810.89

BASIC* ENERGY SERVICES DESCRIPTION OF MADELINE

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

FIELD SERVICE TICKET

1718 08280 A

-	PHESSURE F	UMPIN	NG & WIHELINE	4-	30S	-13W		DATE	TICKET NO								
DATE OF 4	8-13 DISTRICT Pratt, Tansas					NEW WELL	OLD F	□ WDW	CUSTOMER ORDER NO.:								
CUSTOMER	al Energy, Inc.					LEASE B	edwe				WELL NO.	1-34					
ADDRESS					county Barber STATE Hansas												
CITY	CITY STATE						SERVICE CREW Mossich M Mattal A Gibson D Phye										
AUTHORIZED B	Y					JOB TYPE:			To Abana	don							
EQUIPMENT		RS	EQUIPMENT#	HRS	EQI	JIPMENT#	HRS	TRUCK CALI		DATE	M N	IME					
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19960-21,01	0 1.	25						RELEASED	4-8.	13		00					
								MILES FROM	A STATION TO	WELL	40						
become a part of th	pplies include nis contract w	es all of	and only those terms and only those terms and office written consent of an office	onditions ap cer of Basic	pearing or Energy Se	the front and bac ervices LP.		(WELL OWN	ER, OPERATOR,	CONTR	ACTOR OR A	AGENT)					
ITEM/PRICE REF. NO.						ED	UNIT	QUANTITY	UNIT PRIC	E	\$ AMOU						
< P103	60/4	01	oz Cement			Str	170		\$	2,040	200						
CC 260	Cement Gel						Lb	294		\$	73	50					
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5003	Serv	ce '	Supervisor			442	his	8		\$	175	60					
СН	EMICAL / AC	ID DAT	A:		Q.	RVICE & EQUI	PMENT	%TA	SUB TO DLS X ON \$	STAL S	3695	18					
						ATERIALS	INCIAL		X ON \$	OTAL							

SERVICE AREPRESENTATIVE LACE

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



TREATMENT REPORT

y se	rvice	e S, L.I	p.														
leray.	Inco	rpoto	Lease No).				Date			\supset	_ /	1	Z			
		1	Well # 1	-31	†					_ (2		<u> </u>	\bigcirc			
Station	Pratt.	tans	045		Daylinb D			County	Ba	ber			\$tat	e (11595			
NW-F	<u> </u>			· · · · · · · · · · · · · · · · · ·		Formation				1394 D	escri) (otion 25-		\mathcal{W}			
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Depth	From To				13.8 Lb. 1 Gal. 1 Max 92				26al/st. 1.43 5Min T/S								
Volume	From		То	0				and the second s					10 Min.				
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