



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

KANSAS CORPORATION COMMISSION 1147338  
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**  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 07714 A

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

DATE OF JOB 01-20-13 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.A. Drilling		LEASE NICKERSON 1-23		WELL NO.					
ADDRESS		COUNTY LOGAN		STATE KS					
CITY STATE		SERVICE CREW Sullivan, Wright, Phyc							
AUTHORIZED BY		JOB TYPE: C/W 8 5/8							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
3708-20920	25	no					01-19-13	AM	5:30
20959-19918	25	no					01-19-13	AM	10:30
37900							01-20-13	AM	12:20
								AM	12:45
								AM	1:30
						MILES FROM STATION TO WELL	175		

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: Robert W. Sullivan  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
OP 103	40/40 102 cut	SK	240		2,880.00
OC 102	cellulose	lb	60		222.00
OC 109	Calcium chloride	lb	621		652.05
OC 100	water mix	mi	175		743.75
OC 101	Heavy Egg mix	mi	350		2,450.00
OC 113	Bulk Oiling	tm	1811		2,898.00
OE 200	Depth change	SK	1		1,000.00
OE 240	Bleeding Liming	SK	240		336.00
OS 003	Serviced Supervision	SK	1		175.00

SUB TOTAL 8,517.40

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<u>8,517.40</u>

*Thank you*

SERVICE REPRESENTATIVE Robert Sullivan

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Robert W. Sullivan  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

# BASIC

energy services, llc

## TREATMENT REPORT

Customer <b>L.O. Drilling</b>		Lease No.		Date	
Lease <b>NICHOLSON</b>		Well # <b>1-23</b>		<b>01-20-13</b>	
Field Order # <b>7794</b>	Station <b>PRATT KS</b>	Casing <b>8 5/8</b>	Depth <b>342'</b>	County <b>LOGAN</b>	State <b>KS</b>
Type Job <b>CN W 8 5/8 Surface</b>			Formation	Legal Description <b>23-11-33</b>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<b>8 5/8</b>							
Depth <b>342'</b>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <b>20</b>	Volume	From	To	Pad	Min		10 Min.
Max Press <b>300</b>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection <b>2 1/2"</b>	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Packer Depth <b>342</b>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative		Station Manager <b>David Scott</b>		Treater <b>Robert Jellison</b>	
Service Units <b>37900</b>	<b>27463</b>	<b>70989</b>	<b>19916</b>		
Driver <b>Sullivan</b>	<b>CO Right</b>	<b>Phy 2</b>			

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>10:30 AM</b>					<b>on loc safety meeting</b>
					<b>Run 8 sts 8 5/8 csg.</b>
<b>12:10</b>					<b>CASING ON BOTTOM</b>
<b>12:15</b>					<b>hook rig circ.</b>
<b>12:20</b>	<b>150</b>		<b>3</b>	<b>4</b>	<b>1st SPACER</b>
				<b>4.5</b>	<b>mix cmt 240 st 60/40 per 3% ca 1/4 cf.</b>
			<b>51</b>		<b>cmt mixed</b>
				<b>3</b>	<b>1st DISC</b>
<b>12:45</b>	<b>150</b>		<b>20</b>		<b>plug down</b>
					<b>circ to 336 cmt PIT</b>
					<b>JOB Complete</b>
					<b>Thank you</b>



**CONSOLIDATED**  
Oil Well Services, LLC

256371

TICKET NUMBER 37295

LOCATION Oakley KS

FOREMAN Fuzzy

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
1-29-13	4979	Nicholson 1-23	23	115	33W	Logan												
CUSTOMER L D Drils Inc			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>463</td> <td>Cory D</td> <td></td> <td></td> </tr> <tr> <td>693</td> <td>Phil K</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	463	Cory D			693	Phil K		
TRUCK #	DRIVER	TRUCK #					DRIVER											
463	Cory D																	
693	Phil K																	
MAILING ADDRESS																		
CITY	STATE	ZIP CODE																

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE 4 1/2 TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.1 SLURRY VOL 1.40 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on L D Drils Ris up and plus as ordered

259SK @ 2645' 205SKs 60/40 pos 492501, 1 1/4" #1 closed  
100SKs @ 1321'  
40SKs @ 400'  
10SKs @ 40' w/plus  
30SKs in RH

Thanks Fuzzy + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N	1	PUMP CHARGE	1325 <sup>00</sup>	1325 <sup>00</sup>
5406	10	MILEAGE	5 <sup>00</sup>	50 <sup>00</sup>
5407	8.8 down	Tow mileage Delivery (min)	410 <sup>00</sup>	410 <sup>00</sup>
1131	205SKs	60/40 pos	15 <sup>10</sup>	3095 <sup>50</sup>
1118 B	705 #	Bentonite	.25	176 <sup>25</sup>
1107	51 #	Flow-seal	2 <sup>83</sup>	143 <sup>83</sup>
4432	1	8 5/8 plug	96 <sup>00</sup>	96 <sup>00</sup>
		subtotal		5296 <sup>57</sup>
		less 10 <sup>90</sup>		529.64
				4766.91

**Completed**

SALES TAX 246.52  
ESTIMATED TOTAL 5013.43

Ravin 3737

AUTHORIZATION RW

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form