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** 

1168331

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 #:	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 #:  SWD Permit #:  SWD 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.	County: Well #: 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:	Name:							
Address 1:		Address 2:								
City:		State:	Zip: +							
Phone: ( )										
Name of Party Responsible for Plugging	g Fees:									
State of	County,	, SS.								
	(Print Name)		or or Operator on above-described well							
haing first duly sugar an asthe says. The	at I have knowledge of the factor	totomonto, and mottors harain contained, and the la	a of the choice described well is so filed on							

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

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

ENERGY

PRESSURE PUMPING & WIRFLINE

SERVICES

### **FIELD SERVICE TICKET** 1718 09353 A

							DATE TICKET NO			
DATE OF JOB		DISTRICT		NEW WELL PROD INJ WDW CUSTOMER WELL WELL						
CUSTOMER	1.	1511		LEASE HAR WELL NO. 1						
ADDRESS				COUNTY PARAMETER STATE						
CITY		STATE			SERVICE CREW ANAT MAL CALARY KANNA					
AUTHORIZED BY					JOB TYPE: C. P. to P. 1996					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	IIPMENT#	HRS	TRUCK CALLED DATE	AM TIME		
<u></u>	45		(بيد الم	-	17 1 1 A 1		ARRIVED AT JOB	4 63 - 3 - 33		
13700/200200							START OPERATION	AM 2 VS		
	- 3-4						FINISH OPERATION	AM PM		
19739/19918	14			n der d			RELEASED	AM PM		
							MILES FROM STATION TO WELL	60		

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.

		÷ د م		ER, OPERATOR, CO		
JTEM/PRICE REF. NO.						
	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	1.
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REPRESENTATI	E ORDERED BY CUSTOMER AND R	ECEIVED	BY:	241821	and the second second	

FIELD SERVICE ORDER NO.

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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

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# TREATMENT REPORT

10	G H	utt		Lease No.					Date				
Lease	ANSON		Air:	Well #	-15	جور				0-2	7-13		
Field Order #	Station		TT			Casing	Ø Dept	h3743	County	PAWA		State	
	- / I	PTP				1.17.1	Formation				I Description	- 20-16	
PIPI	E DATA	PERF	ORATIN	IG DATA		FLUID USED TREATMENT RESU					and a state of the		
Casing Size	Tubing Siz	ze Shots/F	t		Acic	1			RATE	PRESS	ISIP		
Depth 374		From	Т	0	Pre	Pad	-	Max			5 Min.		
/olume	Volume	From	Т	0	Pad			Min			10 Min.		
Max Press	Max Pres	s From	T.	D	Frac	)		Avg			15 Min.		
	on Annulus V	/ol. From	T	D				HHP Used	1		Annulus Pre	ssure	
lug Depth	Packer De	From	T	D	Flus	h	÷.,	Gas Volun	ne		Total Load		
ustomer Rep	presentative	Rug 10	19	Station	n Mana	iger Ker	in Go	1 Ole V	Treat	er M. K.	MAT+4	4	
Service Units	37586			8 2097			19959	19918					
Driver Names	MATTA	• •	Gr	4 4 95			Keu	Min			and the second		
Time	Casing Pressure	Tubing Pressure	Bbls. P	umped	F	Rate	Service Log						
2: USP	1		-			CE(c)com	On location / Saltrey Meet, 113						
2:43	<u> </u>	150	15			4	Pump 15 801 H20 @ 3743 Fins 1						
2:46.	<u> </u>	150	1.2			4	MIX SU SKI CMT						
2150	.)	100	I			4	Pami 5 BHI Uzu						
2:54	<u> </u>	100	44			4	Pump 44 Risi man.						
3105	<u> </u>		- Congadi	Migain	Withdows	1	Pull Drill PiPt						
	)		port.				PM3 2 @ 1080						
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7:10		100			7		ILIX Z				1. 1		
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										and a second	Motorn 3x (620) 67		

10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383