



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

KANSAS CORPORATION COMMISSION 1173508
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

BASIC

energy services, L.P.

TREATMENT REPORT

Customer Dorado EBP Partners	Lease No.	Date 11-29-13
Lease Touliatos	Well #	
Field Order # 9370	Station Pratt	Casing
		Depth 2576
Type Job CNW PTA	Formation	County ELK
		State KS
		Legal Description 32-31S-10E

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	Max			5 Min.
Volume	Volume	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative ERIC	Station Manager Kevin	Treater JOE
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Service Units	14884	19843	19959	19860	19960	21010	28443		
Driver Names	ED	Tim	DALE				JOE		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0615					ONLOC/safety meeting
					Plug 1 set at 2576'
1500			15	5	H2O Spacer
			3	5	mix 15SK 60/40 POZ @ 13.7#
			3	5	H2O Spacer
1510			31	5	Pumped 31 BBL of mud
					Plug 2 set @ 2164'
1530			15	5	H2O SPacer
			3	5	mix 15 SK 60/40 POZ @ 13.7#
			3	5	H2O SPacer
1540			26	5	Pumped 26 BBLs of mud
					Plug 3 set at 1518'
1400			5	5	H2O spacer
			3	5	mix 15SK of 60/40 POZ @ 13.7#
1410			1	5	H2O SPacer
					Plug 4 set @ 1200'
			5		H2O SPacer
			43		mix 170 SK of 60/40 POZ @ 13.7#
			1		H2O SPacer
					Plug 5 set at 491'
1800			58		mix 230 SK of 60/40 POZ @ 13.7# Did not Circ
1830					Cement Plug RH

JOB COMPLETE Thank you JOE