



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

KANSAS CORPORATION COMMISSION 1184803
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

6076
701 mussel
6438



BASIC
ENERGY SERVICES

PAGE 1 of 1	CUST NO 1007589	INVOICE DATE 07/30/2013
INVOICE NUMBER 1718 - 91249984		

Pratt (620) 672-1201
 B HERMAN L LOEB LLC
 I PO Box: 838
 L LAWRENCEVILLE
 IL US 62439
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Musselman 5-34
 O LOCATION
 B COUNTY Pawnee
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40622956	20920		Net - 30 days	08/29/2013

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 07/25/2013 to 07/25/2013</i>				
0040622956				
171808397A Cement-New Well Casing/Pi 07/25/2013				
Cement PTA				
60/40 POZ	210.00	EA	9.00	1,890.00 T
Cement Gel	362.00	EA	0.19	67.88 T
"Unit Mileage Chg (PU, cars one way)"	60.00	MI	3.19	191.25
Heavy Equipment Mileage	120.00	MI	5.25	630.00
"Proppant & Bulk Del. Chgs., per ton mil	543.00	EA	1.20	651.60
Depth Charge; 3001-4000'	1.00	EA	1,620.00	1,620.00
Blending & Mixing Service Charge	210.00	BAG	1.05	220.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.25	131.25

PAID
42708
AUG 08 2013

SCANNED

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AUG 08 2013

SCANNED

PLEASE REMIT TO: BASIC ENERGY SERVICES, LP PO BOX 841903 DALLAS, TX 75284-1903	SEND OTHER CORRESPONDENCE TO: BASIC ENERGY SERVICES, LP 801 CHERRY ST, STE 2100 FORT WORTH, TX 76102	SUB TOTAL TAX INVOICE TOTAL	5,402.48 159.57 5,562.05
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BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 08397 A

DATE _____ TICKET NO. _____

DATE OF JOB: 07-25-13 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: HERMAN LOEB		LEASE: MUSSELMAN 5-34 WELL NO.:							
ADDRESS:		COUNTY: PAWNEE STATE: KS							
CITY: STATE:		SERVICE CREW: Sullivan, Melvin, Phyllis							
AUTHORIZED BY:		JOB TYPE: CNW P.T.A.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
33708-20920	55						7-25-13	AM	7:00
70959-19918	55					ARRIVED AT JOB		AM/PM	4:00
37900						START OPERATION		AM/PM	5:45
						FINISH OPERATION		AM/PM	9:30
						RELEASED		AM/PM	12:15
						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.

SIGNED: Juan M. Roca
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 pot cmt	SK	210		2,520.00
CC 200	cmt pot	lb	362		90.50
E 100	pickup mud	cu	60		255.00
E 101	Heavy cont mud	cu	120		840.00
E 113	Bulk Saline	TM	543		864.80
CE 204	Depth Charge	SA	1		2160.00
CE 240	Blow Day - 10 hrs	SK	210		294.00
S 003	Scraper Lubricants	SA	1		175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		5,402.49
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

Thank you

SERVICE REPRESENTATIVE: Robert Miller	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Juan M. Roca (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____

Customer HERMAN Loeb	Lease No.	Date
Lease Musselman	Well # 5-34	07-25-13
Field Order # 8397	Station PRATT KS	Casing P.P.
Type Job CNW P.T.A.	Depth 3873'	County PAWNEE
	Formation	State KS
		Legal Description 34-21-16

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	Station Manager DAVE Scott	Treater Robert Sullivan
Service Units	37900 33708 20920 70959 19918	
Driver Names	Sullivan methuen Phye	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:00					run to soft, install P.T.A.
					Set Plug 3873' w/50sk
5:45	250		10	2.5	spacer
			10.5	"	cmf
			45	4.5	Disc
6:05					shot down
					Set Plug 1050' w/50sk
7:35			10		spacer
			10		cmf
			4		Disc
7:45					shot down
					plug @ 250' w/40sk
8:00			5		spacer
			8		cmf
8:15			7		Disc
					shot down
9:10			6		plug Top 60' w/20sk
			7		plug RH w/30
			6		plug MH w/20
9:30					JOB complete