

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

1220911

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 #:			APIN	No. 15								
Name:				Description:								
Address 1:				Sec T	ſwp S. R East West							
Address 2:				Feet from	North / South Line of Section							
City:	State:	Zip:+		Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:								
Contact Person:			Foota									
Phone: ()				NE NW	SE SW							
Type of Well: (Check one) (Compared to the Charles) (Compared to the Charles) (Compared to the Charles) (Check one) (Check one	Other: Gas Sto	OG D&A Cathodi SWD Permit #: rage Permit #: log attached? Yes	Leas Date	e Name:	Well #: (Date)							
Producing Formation(s): List A	All (If needed attach another	sheet)			(KCC District Agent's Name)							
		m: T.D										
Depth to	o Top: Botto	m: T.D	1									
Depth to	o Top: Botto	m:T.D	Plugg	ging Completed:								
Show depth and thickness of	all water, oil and gas forma	ations.										
Oil, Gas or Water	r Records		Casing Record	(Surface, Conductor & Produ	uction)							
Formation	Content	Casing	Size	Setting Depth	Pulled Out							
cement or other plugs were us			•		ods used in introducing it into the hole. If							
Plugging Contractor License #	#:		Name:									
Address 1:			Address 2:									
City:			State	:	Zip:+							
Phone: ()												
Name of Party Responsible fo	or Plugging Fees:											
State of	County		. 88									
				Franksis of Orest	Operator on alternative to the							
	(Print Name)			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

BASIC* ENERGY SERVICES PRESSURE PUMPING & WIRELINE

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

1718 11012 A

Phone 620-672-1201 DATE TICKET NO. DATE OF JOB OLD PROD INJ □ WDW -2014 DISTRICT CUSTOMER LEASE WELL NO. / -**ADDRESS** COUNTY STATE CITY **SERVICE CREW** STATE PJA **AUTHORIZED BY** JOB TYPE: CNW **EQUIPMENT#** HRS **EQUIPMENT#** HRS **EQUIPMENT#** HRS TRUCK CALLED 7283 ARRIVED AT JOB \$ 3.00 B START OPERATION W 4/30 **FINISH OPERATION** 解フジョ RELEASED MILES FROM STATION TO WELL 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 senditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP. (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO. MATERIAL, EQUIPMENT AND SERVICES USED QUANTITY UNIT **UNIT PRICE** \$ AMOUNT CP 103 240 60) 40 POZ 2 કકળ 00 Cement Gel 414 Wooden Cenenz Plug 88/8 Unit milesse Charse - Pick up Hesoy Equipment Milesse 350 BUIK Delivery TNM 18/1 5202 eptn Chérsei 1001-2000' 4115 EZUO SE Blending & Miking Service Charse 240 Service Supervisor, first 8 his on Loc. 5003 ص SUB TOTAL 8, 924 CHEMICAL / ACID DATA: **SERVICE & EQUIPMENT** %TAX ON \$ MATERIALS %TAX ON \$ TOTAL

SERVICE REPRESENTATIVE DESign Fuenha

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

(WELL OWNER OPERATOR CONTRACTOR OF AGENT)



TREATMENT REPORT

Customer	D Dail	lin	S.P.	26	L	ease No						Date	-	, ,				
Lease D. D. P. P. Lease D. D. P. P. C.					T w	Well # 1-6								ی-	20	114		
Field Order	# Station	n P	rez	h . r	<u>_</u>			Casing D	a	Depth	1400	County	2	00165	-	St	ate KS	
Field Order# Station Property CS Type Job CNU/ PTA								-112 <u> </u>		Formation	, ,00		<u>, - \</u>	Legal (Descripti	on 6 - 6	5-17	
PIPE DATA PERFORATING DATA							FLUID	ĒD		TREATMENT RESUME								
Sasing Size	Tubing Si	ze	Shots/Ft			Acid			-		RATE PRESS ISIP							
Depth	Depth		From T		То	Го		Pre Pad		Max					5 Min.			
/olume	Volume		From			To Pa		Pad		Min				10 M	10 Min.			
Max Press	Max Pres	s	From To		То	Frac		ac	Avg		Avg				15 M	15 Min.		
Vell Connecti	on Annulus \	Vol.	From To		То					HHP Used			Annulus Pressure					
lug Depth	Packer D	epth	pth From To		То	Flush					Gas Volume				Total Load			
ustomer Re	presentative					Statio	n Mar	nager Ke	U	n God	cler	Treat	ter $\mathcal{\overline{L}}$	grin	Fr	SnKI	'n	
	27283	27	1463	709	55	188	18/		L									
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