

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

1227455

Form CP-4
March 2009

WELL PLUGGING RECORD
K.A.R. 82-3-117

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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



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

FIELD SERVICE TICKET

1718 ~~10000~~ A

PRESSURE PUMPING & WIRELINE

DATE TICKET NO. _____

EOF JOB 6-27-14	DISTRICT	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 Bird Dog Oil LLC		LEASE <i>Loving Sister</i> WELL NO. <i>2027</i>							
ADDRESS		COUNTY <i>Benton</i> STATE <i>KS</i>							
CITY	STATE	SERVICE CREW <i>Front Camera</i>							
AUTHORIZED BY <i>Kelly Brown</i>		JOB TYPE: <i>Plug well - Onw</i>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
37900	4.3					ARRIVED AT JOB	6-27-14	AM PM	1:25
70890 21010	4.3					START OPERATION	6-27-14	AM PM	1:52
19869 19843	4.3					FINISH OPERATION	6-27-14	AM PM	5:00
						RELEASED	6-27-14	AM PM	5:45
						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 conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

CHEMICAL / ACID DATA:

SUB TOTAL

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
	TOTAL	5,443	30

**SERVICE
REPRESENTATIVE**

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Energy services, L.P.

34069

TREATMENT REPORT

Owner Rerd Dog Oil LLC		Lease No.			Date 6-27-16		
Field Order # 105904		Well # 2-23					
Station Platt		Casing 8 1/2	Depth 3348	County Burke	State KS		
Type Job Plug well		Formation			Legal Description 23 19 11		
PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size 8 1/2	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth 3348	Depth	From	To	Pre Pad	Max		5 Min.
Volume 127	Volume	From	To	Pad	Min		10 Min.
Max Press 5000	Max Press	From	To	Frac	Avg		15 Min.
Well Connection 4V2	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 3348	Packer Depth	From	To	Flush	Gas Volume		Total Load
Customer Representative Kelly Beaman		Station Manager Kevin Gandy			Treater Scott		
Service Units 37901	14889	10890					
Driver Names Scott	Mike	Josh					
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log		
1:25					On location Safety Meeting Gay		
1:52	0		12.73	3.5	Pump 50 SKS 60 psi 907 bbl at 13.78#		
1:58	0		79	7.5	Pump 39 bbls mud		
2:03					Shut down pull pipe up to 550'		
2:58	0		6.36	3.2	Pump 25 SKS 60 psi 907 bbl at 13.75#		
4:01	0		7.9	3.4	Pump 7.9 bbls H2O		
4:04					Shut down pull pipe up to 350'		
4:26	0		16.55	4.3	Pump 6.8 SKS 60/40 907 at 13.75#		
4:30	0		5	4.5	Pump 5 bbls H2O		
4:32					Shut down pull pipe up to 600'		
4:51			2.54	2.5	Pump 10 SKS 60/40 907 at 13.75#		
4:53					Shut down		
5:06			7.64	3	Plug Port Hole 30SKS 60/40 907 at 13.75#		
					Job Complete		



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 10440 A

DATE TICKET NO.

DATE OF JOB 6-17-14 DISTRICT PLATTS		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 BILLS DUE 07/11/14		LEASE 1A.R.A - Section 1 WELL NO. 23							
ADDRESS		COUNTY BARTON STATE KS							
CITY	STATE	SERVICE CREW MATT, CORRIE, COBB.							
AUTHORIZED BY		JOB TYPE: CNW Service							
EQUIPMENT# 37586	HRS .5	EQUIPMENT# 37463	HRS .5	EQUIPMENT# 19826/19860	HRS .5	TRUCK CALLED 6-16-14	DATE 6-16-14	AM PM 9:30	TIME 9:30
						ARRIVED AT JOB 6-17-14	AM PM 12:00		
						START OPERATION	AM PM 12:42		
						FINISH OPERATION	AM PM 1:05		
						RELEASED	AM PM 1:45		
						MILES FROM STATION TO WELL 70			

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

CONTRACT CONDITIONS. (This contract must be signed before the job begins.)
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:

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

CHEMICAL / ACID DATA:

CHEMICAL / ACID DATA:

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
		TOTAL

THE ABOVE MATERIAL AND SERVICE
ORDERED BY CUSTOMER AND RECEIVED

ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer Bridgemark Oil LLC	Lease No.	Date 6-17-14			
Lease TAKA - SICK	Well # 2023				
Field Order # 104	Station Prest	Casing 8 5/8	Depth 263	County Benton	State W
Type Job Completion		Formation		Legal Description 23-19-11	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME			
Casing Size	Tubing Size	Shots/Ft		Acid 275 34	Rate	Press	ISIP	1/100
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 15.5	Gas Volume			Total Load

Customer Representative Kelly Branham Station Manager *[Signature]* Treater *[Signature]*

Service Units	37784	27464	19826	19800				
Driver Names	PIPER	9117	80110					
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log			
12:01					On location / Spacing 800 ft.			
12:04					Casing 600 ft. bottom			
12:08					Hole in 10 7/8" / 1000 ft. 100 ft. R.H.			
12:10					Pump 3 3/4" with			
12:14			66	6	Pump 27" SR, 10 7/8" hole			
12:17			—	—	Casing 600 ft.			
12:20			—	—	1000 ft. 100 ft. R.H.			
12:24	2400	15.3	—	—	Plug down shaft in well			