

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

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.

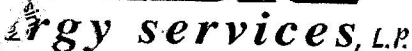
(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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

FIELD SERVICE ORDER NO.



34069

TREATMENT REPORT

Field Order # 10590A		Station Plant	Casing 8 5/8	Depth 3348	County Benton	State KS
Type Job Plug well			Formation CNU		Legal Description 23 19 11	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size 2 3/8	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 500	Max Press	From	To	Frac	Avg		15 Min.
Well Connection 4 1/2	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 3348	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative			Station Manager			Treater		
Kathy Reardon			Kevin Gendry			Scott		
Service Units	37901	14889	70890					
Driver		19843	21010					
Names	Scott	Mike	Josh					
	Casing	Tubing						

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
1:25					On Location Safety Meeting. Pump
1:52	0		12.73	3.5	Pump 50 SKS 60/40 POT at 13.78#
1:58	0		39	7.3	Pump 39 bbls mud
2:03					Shut down Pull pipe up to 558'
3:58	0		6.36	3.2	Pump 25 SKS 60/40 POT at 13.78#
4:06	0		7.9	3.4	Pump 7.9 bbls H ₂ O
4:04					Shut down pull pipe to 350'
4:26	0		16.55	4.3	Pump 6.5 SKS 60/40 POT at 13.78#
4:30	0		5	4.5	Pump 5 bbls H ₂ O
4:32					Shut down pull pipe to 410'
4:51			2.54	2.5	Pump 10 SKS 60/40 POT at 13.78#
4:53					Shut down
5:06			7.64	3	Plug Rest Hole 30SKS 60/40 POT 13.78#
					Job Complete

**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 P1ATT						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 BALL DOG OIL LLC						LEASE LAKE-SHORE WELL NO. 27					
ADDRESS 1						COUNTY BARTON STATE KY					
CITY _____ STATE _____						SERVICE CREW MATTHEW, SCOTT, CUBB					
AUTHORIZED BY _____						JOB TYPE: CNW SURVEILLANCE					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME		
37586	.5					ARRIVED AT JOB	6-16-14	AM	9:30		
27463	.5					START OPERATION	6-17-14	AM	12:42		
27463	.5					FINISH OPERATION		AM	1:03		
19826/19860	.5					RELEASED		AM	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 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: 

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

[illegible]

SUB TOTAL	6,015	68
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CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <i>Mike MARTIN</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>XW</i>
SMALL OWNER OPERATOR CONTRACTOR OR AGENT	

FIELD SERVICE ORDER NO.

