

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

1227981

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 #:			API No	o. 15							
				escription:							
Address 1:				Sec Tv	vp S. R East West						
Address 2:				Feet from North / South Line of Section							
City:	State:	Zip:+		Feet from East / West Line of Section							
Contact Person:			Footag	Footages Calculated from Nearest Outside Section Corner:							
Phone: ()				NE NW	SE SW						
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic County	<i>.</i>	_						
Water Supply Well	Other:	SWD Permit #:	1	County: Well #:							
ENHR Permit #:	Gas Sto	orage Permit #:		Date Well Completed:							
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	1	The plugging proposal was approved on: (Date							
Producing Formation(s): List	All (If needed attach another	r sheet)			(KCC District Agent's Name)						
Depth to	o Top: Botto	om: T.D			,						
Depth to	o Top: Botto	om: T.D		-							
Depth to	o Top: Botto	om:T.D	Fluggii	ig Completed							
Show depth and thickness of	all water, oil and gas forma	ations.									
Oil, Gas or Wate	r Records		Casing Record (S	Surface, Conductor & Produc	ction)						
Formation	Content	Casing	Size	Setting Depth	Pulled Out						
zement of other plugs were u	seu, state the Character Of	same depth placed from (bot	копт, ко (кор) тот е	acii piug set.							
				ne:							
Address 1:			Address 2:								
•					Zip:+						
Phone: ()											
Name of Party Responsible for	or Plugging Fees:										
State of	County, _		, SS.								
	(Drint Mana)			Employee of Operator or	Operator on above-described well,						
	(Delect Messes)			F , 0. Opolatol 01							

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

LOG-TECH OF KANSAS, INC.

P.O. BOX 885

GREAT BEND, KANSAS 67530

8228

(620) 792-2167 Date 10-15-14 ADDRESS ____ CUSTOMER ORDER NO. PWS 14/0 R/A SOURCE NO. LEASE AND WELL NO. FIELD ____ COUNTY Pratt NEAREST TOWN ____ SPOT LOCATION SECTION _____ CASING SIZE _____ ZERO _____ WEIGHT ____ LOG TECH 4090 CUSTOMER'S T.D. ____ _ FLUID LEVEL _____ OPERATOR Health Bughly ENGINEER Let De PERFORATING From Depth Description No. Shots Amount 745 DEPTH AND OPERATIONS CHARGES From Depth Description Amount **MISCELLANEOUS** Description Quantity Amount Service Charge PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE. Customer Signature



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

FIELD SERVICE TICKET 1718 11388

PRESSURE PUMPING & WIRELINE 7-7-12								DATE	TICKET NO.				
DATE OF JOB 10-15-14 DISTRICT PLATT						NEW □ OLD □ PROD □ INJ □ WDW □ CUSTOMER ORDER NO.:							
CUSTOMER Pratt WELL Service						LEASE TC HU 24 WELL NO.							
ADDRESS		COUNTY PATT STATE 24											
CITY			STATE			SERVICE CF	REW JO	e Josh	4 7 10 10 10 10 10				
AUTHORIZED B	Self of the Self of the Self	JOB TYPE: CCSPW \$5 Q											
EQUIPMENT# HRS EQUIPMENT# HRS				EQ	UIPMENT#	HRS	TRUCK CALL	DATE	AM	TIME			
33.7/9-2093	10 2000							ARRIVED AT	1	AM	630		
19903 - 21010		2 30 mg 17						START OPER	1	AM PM	1700		
9-9-7						For the last top		FINISH OPER	9	AM PM	1730		
								RELEASED	1	AM PM	100		
				22	Kindle a			MILES FROM	A STATION TO	WELL	5		
become a part of the	nis contra	act withou	of and only those terms and on the written consent of an officency	icer of Basi	ic Energy S	ervices LP.		GIGNED:	ER, OPERATOF	R, CONTR			
ITEM/PRICE REF. NO.		N	MATERIAL, EQUIPMENT	AND SER	IVICES U	SED	UNIT	QUANTITY	UNIT PRI	ICE	\$ AMOUNT		
CP 100C	CON	nmo	n Cement,		- 3	New York	5/5	25					
E 109	Cal	CIUV	n Chloride	Pir		and dead	10	72			L ISSUE TO		
F 100	HOU	My F	Dan Dent in	1 000	10513	mall Vans	mi	10					
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СН	HEMICAL	/ ACID E	PATA:		TOTAL	1,799	3 16						
						ERVICE & EQUIPMENT %TAX ON \$ ATERIALS %TAX ON \$							
				# 015604 DISCOUNTED TOTAL 1438									
			1					4.2	11	TOTAL OF THE		7	

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer ()	aTI WE	11	Co.		Le	ase No.		0 9	N 1 3		Date							
Lease 1	DET	VILT	Well # 2 L/						10-15.14									
Field Order # Station Prairi						Casing 5 1/2 Depth 5-38												
Type Job	SPW	4 - 0	50					- /	Formatio		Legal Description 7-2 7-12							
PIPE DATA PERFORATING DATA								FLUID U	SED		TREATMENT RESUME							
Casing Size		Tubing-Size Shots/Ft						Acid			RATE PRE			SS ISIP				
Depth 5/7	Depth 53	7	From T		То	То		Pre Pad		Max	Max		5 Min.		7			
Volume	Volume				То		Pad			Min				10 Min.				
Max Press	Max Press		From	om T		То		C		Avg	Avg				15 Min.			
Well Connection	n Annulus V	ol	From						a 1 M V	HHP Us	ed			Annulus Pressure		ire		
Plug Depth	Packer De	nth			То		Flush			Gas Volu	ime		1	Total Load				
Customer Rep	resentative	_	rall)		Station	Mana	ager Kev	'I'n		P							
	33708		920	1990	93	2101	0		28443		(A) Section (1					
Driver Names	JOSH			1	Vil	19			JOP		The second							
Time	Casing Pressure		bing ssure	Bbls	. Pum	ped		Rate			Service Log							
HO01630	2/630				S				On LOC / SUSCIY MECTIN									
									SPOT	255	15 CO	m m	on Cen	nnt	W170	396		
1700		0)	5			.8 Over			Hole	5				26.11			
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