

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

1232005

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 #: | | | 4 | API No. 1 | 5 | | | | | |
|-------------------------------|-------------------------------|---|------------|--|------------------------|---|--|--|--|--|
| Name: | | | ; | Spot Desc | cription: | | | | | |
| Address 1: | | | - | | Sec Tw | p 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: | | | ' | Footages | Calculated from Neares | st Outside Section Corner: | | | | |
| Phone: () | | | | | NE NW | SE SW | | | | |
| Type of Well: (Check one) | Oil Well Gas Well | OG D&A Cathodi | ic | County: | | | | | | |
| Water Supply Well | Other: | SWD Permit #: | | - | | Well #: | | | | |
| ENHR Permit #: | Gas Sto | orage Permit #: | — I , | Date Well | Completed: | | | | | |
| Is ACO-1 filed? Yes | No If not, is wel | I log attached? Yes | | | | oved on: (Date) | | | | |
| Producing Formation(s): List | All (If needed attach another | r sheet) | | by: | | (KCC District Agent's Name) | | | | |
| Depth to | o Top: Botto | m: T.D | , | Pluaaina (| Commenced: | | | | | |
| Depth to | · | m: T.D | — I , | | | | | | | |
| Depth to | o Top: Botto | m:T.D | | 00 0 | • | | | | | |
| | | | | | | | | | | |
| Show depth and thickness of | | ations. | | | | | | | | |
| Oil, Gas or Wate | r Records | | Casing Re | g Record (Surface, Conductor & Production) | | | | | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out | | | | |
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| | | ed, indicating where the mud same depth placed from (bot | | | | Is used in introducing it into the hole. If | | | | |
| | | | | o: | | | | | | |
| Address 1: | | | Address 2: | | | | | | | |
| | | | | State: | | Zip: + | | | | |
| Phone: () | | | | | | | | | | |
| Name of Party Responsible for | or Plugging Fees: | | | | | | | | | |
| State of | County, _ | | | , SS. | | | | | | |
| | (Drint Nome) | | | Em | ployee 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



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

FIELD SERVICE TICKET 1718 11440 A

| ITEM/PRICE MATERIAL, EQUIPMENT AND SERVICES USED UNIT REF. NO. | TRUCK CALL ARRIVED AT START OPER FINISH OPER RELEASED MILES FROM ed or merchandis ees and acknowled cument. No additi | STATE KEEP BEEP BEEP BEEP BEEP BEEP BEEP BEE | SChey ATE AM JIII O PM 9/0 O | ME 300 30 |
|--|---|--|---|-------------------------|
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| ADDRESS CITY STATE SERVICE CREW D AUTHORIZED BY EQUIPMENT# HRS EQUIPMENT# HRS EQUIPMENT# HRS 277263 5 | TRUCK CALL ARRIVED AT START OPER FINISH OPER RELEASED MILES FROM ed or merchandis ees and acknowle cument. No addit | ES Be LED JI-J JOB JI-J RATION JI-J M STATION TO WE de is delivered). Reduces that this contra | SChey ATE AM JIII O PM 9/0 O | 300 300 aterials, |
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| CONTRACT CONDITIONS: (This contract must be signed before the job is commence the undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agree products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this do become a part of this contract without the written consent of an officer of Basic Energy Services LP. ITEM/PRICE REF. NO. MATERIAL, EQUIPMENT AND SERVICES USED UNIT | START OPER FINISH OPER RELEASED MILES FROM ed or merchandis ees and acknowle cument. No additi | RATION //-/ RATION //-/ M STATION TO WE se is delivered). | Ct for services, mans and/or condition | 30 30 |
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THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

SERVICE
REPRESENTATIVE LESS Felenh



TREATMENT REPORT

| Customer | | EWE | ray, | DU | All # | | | | | Date | 11 | - 16- | 2019 | | | |
|----------------------------|---------------------------|---------------------|---------|-----------|-----------|------------|---------------------|---------------------------|------------------|-------|-------------------|--------------|------------------|-----------------------------|--|--|
| | BC | | | | /ell # // | -1 | Gasing | Donth | 2 4 4 = | Count | and the same of | | | State 1 | | |
| ield Order # | Station | Prsi | t, KS | | | | DP 4 | 2 Depti | 4677 | Count | PI | SAT Legal De | escription . | State KS | | |
| Type Job | INW/ | PTA | | | | _ | Jan Carrier Control | Formation | 10-4 | 710 | | Logar Do | , oon passing 13 | -25-14 | | |
| PIPE DATA PERFORATING DATA | | | | | | FLUID USED | | | TREATMENT RESUME | | | | | | | |
| asing Size | Size Tubing Size Shots/Ft | | Acid | | | | | RATE | PRE | SS | ISIP | | | | | |
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