



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1235299
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
March 2009

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

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



BASIC
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer	LASSO Energy	Lease No.		Date	12-31-14
Lease	Benick	Well #	5-11	Service Receipt	06/25
Casing	7" 23#	Depth	1530'	County	Gray
Job Type	Z41-DTA	Formation		State	KS
				Legal Description	

Pipe Data		Perforating Data		Cement Data
Casing size	7" 23#	Tubing Size		Lead
Depth		Depth	From To	
Volume		Volume	From To	
Max Press		Max Press	From To	Tail in 175 #
Well Connection		Annulus Vol.	From To	60/40 P02
Plug Depth		Packer Depth	From To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:00					on loc-site assessment
					spot trucks - rig up
					safety meeting - SSA
					pressure test 1000#
					circ @ 1530'
11:00	100		13.4	5	Mix + pump 50 sk 60/40 P02
					@ 13.5# - 1.50 #3/sk - 7.50 gal/sk
11:10	100		52.3	5	disp balanced plug
					circ @ 900'
2:00	100		13.4	5	Mix + pump 50 sk
2:10	100		27.5	5	disp balanced plug
					circ @ 300'
3:30	100		13.4	5	Mix + pump 50 sk
3:40	100		3.9	5	disp balanced plug
					circ @ 60'
4:30			6.7	4	Mix + pump 25 sk
4:45					circ cont to surface

Service Units	78940	38117-19919	14354-19578		
Driver Names	A. Surra	D. Beck	H. Lutina		

Customer Representative: Matt
 Station Manager: T. Davis
 Cementer: A. Surra

