



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

KANSAS CORPORATION COMMISSION 1238694
OIL & GAS CONSERVATION DIVISION

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.
 _____ 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



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

JAN 09 2015

FIELD SERVICE TICKET
1718 12103 A

DATE _____ TICKET NO. _____

DATE OF JOB <i>12/23/14</i>		DISTRICT		NEW WELL <input type="checkbox"/>	OLD WELL <input checked="" type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:	
CUSTOMER <i>Dynstar Petroleum</i>				LEASE <i>Dunfield "A"</i>					WELL NO. <i>1-35</i>	
ADDRESS				COUNTY <i>Seward</i>			STATE <i>KS</i>			
CITY		STATE		SERVICE CREW <i>Scott Kelly</i>						
AUTHORIZED BY <i>Ronnie Kelly</i>				JOB TYPE: <i>Plug to Abandon</i>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<i>38970</i>	<i>2</i>					ARRIVED AT JOB	<i>12/23/14</i>			<i>11:00</i>
<i>811951 19843</i>	<i>2</i>					START OPERATION	<i>12/23/14</i>			<i>12:00</i>
<i>33021 11254</i>	<i>2</i>					FINISH OPERATION	<i>12/23/14</i>			<i>1:00</i>
						RELEASED	<i>12/23/14</i>			<i>2:30</i>
						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: *Ronnie Kelly*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<i>11103</i>	<i>60/110 POZ</i>	<i>SK</i>	<i>170</i>		
<i>11700</i>	<i>Cement Grt</i>	<i>lb</i>	<i>208</i>		
<i>11700</i>	<i>Cement Grt</i>	<i>lb</i>	<i>1000</i>		
<i>L #101</i>	<i>Heavy Equipment Mileage</i>	<i>MI</i>	<i>50</i>		
<i>11240</i>	<i>Blending & Mixing Service Charge</i>	<i>SK</i>	<i>170</i>		
<i>L 113</i>	<i>Prod & Bulb Delivery Charges</i>	<i>TM</i>	<i>150</i>		
<i>11702</i>	<i>Depth Charge 1101 - 7000'</i>	<i>Yrs</i>	<i>1</i>		
<i>F101</i>	<i>Unit Mileage Pickups, Small Vars</i>	<i>MI</i>	<i>25</i>		
<i>3003</i>	<i>Service Supervisor 1/2 Skiscan</i>	<i>EA</i>	<i>1</i>		
				SUB TOTAL	

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL		<i>3,711</i>	<i>31</i>

Discounted Total

SERVICE REPRESENTATIVE <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

BASIC

energy services, L.P.

JAN 09 2015

TREATMENT REPORT

Customer <i>Daysstar Petroleum</i>		Lease No.		Date <i>12/25/14</i>	
Lease <i>Dunfield Trust 'A'</i>		Well # <i>1-35</i>			
Field Order # <i>12103A</i>	Station <i>Pratt KS</i>	Casing <i>4 1/2</i>	Depth <i>1740</i>	County <i>Seward</i>	State <i>KS</i>
Type Job <i>Plug to Abandon</i>			Formation	Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>4 1/2</i>	Tubing Size <i>4 1/2</i>	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <i>1740</i>	Depth	From	To	Pre Pad	Max			5 Min.
Volume <i>27.73</i>	Volume	From	To	Pad	Min			10 Min.
Max Press <i>5000</i>	Max Press	From	To	Frac	Avg			15 Min.
Well Connection <i>4 1/2</i>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative <i>Ryan Kric</i>			Station Manager <i>Kevin Bradley</i>			Treater <i>Scott Cravens</i>		
Service Units	<i>38976</i>	<i>84981</i>	<i>33021</i>					
Driver Names	<i>Scott Cravens</i>	<i>Liberal</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>11:20</i>					<i>On location Safety meeting Rig up</i>
<i>12:00</i>	<i>1300</i>			<i>4</i>	<i>Pump H2O Spool at 1740'</i>
<i>12:01</i>	<i>406</i>		<i>3</i>	<i>3.18</i>	<i>Mix 50SKS cement Pad</i>
<i>12:03</i>	<i>250</i>		<i>10</i>	<i>4.5</i>	<i>Mix 50SKS 60/40 pot at 13.5ppg</i>
<i>12:07</i>	<i>250</i>		<i>13.36</i>	<i>4.3</i>	<i>Start Displacement</i>
<i>12:12</i>	<i>0</i>		<i>18.5</i>		<i>Displacement complete Shut down casing at 540'</i>
<i>1:18</i>	<i>0</i>			<i>4.2</i>	<i>Pump H2O Spool</i>
<i>1:19</i>	<i>50</i>		<i>3</i>	<i>4.5</i>	<i>Mix 50SKS 60/40 1202 at 13.5ppg</i>
<i>1:22</i>	<i>50</i>		<i>13.36</i>	<i>4.7</i>	<i>Start Displacement</i>
<i>1:23</i>	<i>25</i>		<i>5.25</i>		<i>Displacement complete Shut down</i>
<i>1:55</i>	<i>0</i>			<i>3</i>	<i>Mix 20SKS 60/40 pot at 13.5ppg</i>
<i>1:58</i>	<i>0</i>		<i>5.34</i>		<i>Shut down Job complete</i>