KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1240599

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

BASiC
energy services, L.P.

Customer	Pratt Well Service	Lease No.		Date 11.24.14
Lease Ichu		Well # 24		

Field Order # 11535	Station Pratt		Casing 2 7/2	Depth	County Pratt	State KS

Type Job CCSPW PTA		Formation	Legal Description 7.27.12

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		

Casing Size	Tubing Size 2 7/8	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth	Depth 623	From	To	Pre Pad	Max			5 Min.
Volume	Volume	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative Gerld	Station Manager Kevin	Treater Joy

Service Units	27463		70959	14918		92911	
Driver Names	Josh		Gibson			Joe	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1330					On Loc / Safety meeting
1415			0	2	Start H2O To Load Hole
			2	2	Hole Load
	100		25	2	Mix 100 SK of 60/40 PO2 @ 13.8#
					Shut Down Pull Tubing Pump 3 BBL cement Toh
1515	250		2	.5	Hook up To Braidenhead Pump
1520					TOP off casing
1530					JOB Complete
					Thank you
					Joe

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