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

## **KANSAS CORPORATION COMMISSION**

**OIL & GAS CONSERVATION DIVISION** 

1256540

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

## WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp 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 Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one)   Oil Well   Gas Well   OG   D&A   Cathodic     Water Supply Well   Other:   SWD Permit #:   SWD Permit #:   Gas Storage Permit #:     ENHR Permit #:   Gas Storage Permit #:   Gas Storage Permit #:   Gas Storage Permit #:	County: Well #: Lease Name: Well #:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom:T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	Records		Casing Record (Surfa	ce, Conductor & Produc	tion)
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 Pluggi	ing Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of Operat	or or Operator on a	above-described well,
haing first duly sworn on ooth sover T	"hat I have knowledge of the factor	statements, and matters herein contained, and the l	og of the above deceriby	ad wall is as filed, and

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

RECEIVED	PAGE	CUST NO	YARD #	INVOICE DATE
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<b>BASIC</b> <sup>™</sup> JAN 0 5 2015		INVOI	CE NUMB	ER
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Pratt (620) 672-1201	LOCATI		meer-Schul	pert 4-23
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COUS 80202	•		ent-New We	ell Casing/Pi
o ATTN: STEWART		NIACI		

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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

Taylor Printing, Inc. 620-672-3656

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Tavlor Printing Inc. 620-672-2666

## FIELD SERVICE TICKET

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						MILES FROM STATION	TO WELL	20

10244 NE Hwy. 61

Phone 620-672-1201

P.O. Box 8613 Pratt, Kansas 67124

ENERGY SERVICES

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.

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICE	S USED	UNIT	QUANTITY		E	\$ AMOUN	T
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FIELD SERVICE ORDER NO. 🖉

Presc Description Weil # $4 - 23$ 12 - 12 - 14   Find Order 1 Station $L + H$ Casing $2$ Digit 3 County $P_{LC}$ Station $P_{LC}$ Type Jay Station $L + H$ Casing $2/L$ Digit 3 County $P_{LC}$ Station $P_{LC}$ PIPE DATA PERFORATING DATA FLUID USED TREATMENT RESUME   Casing $2/L$ Digit 3:2 Shots/F Acid RATE PRESS ISP   Order 3:2 Depth 7:2 Depth 7:0 To Pre Pad Max Station   Values From To Pre C Arg 10 Min.   Values From To Pre C Arg 10 Min.   Values From To Pre C Arg 10 Min.   Values From To From To Prescue   Plug Depth 7 Packer Depth From To From To   Plug Depth 7 Packer Depth From To From To   Plug Depth 7   Plug Depth 7 Plug Depth 7 Plug Depth 7 Plug Depth 7 Plug Depth 7   Plug Depth 7 Plug Depth 7 Plug Depth 7 <th>Iner B.</th> <th></th> <th>rvic</th> <th><b>e</b> 9,</th> <th></th> <th>ease No.</th> <th></th> <th>4 -</th> <th>· · · ·</th> <th></th> <th>Date</th> <th></th> <th>~</th> <th>- n se marke</th>	Iner B.		rvic	<b>e</b> 9,		ease No.		4 -	· · · ·		Date		~	- n se marke
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Type 30x W   G 3/2   Factor   Formation   Legal Description   10     PIPE DATA   PERFORATING DATA   FLUID USED   TREATMENT RESUME     Desing Stage   Tubing Size   Shots/FI   Acki   RATE   PRESS   ISJP     Desing Size   Shots/FI   Acki   RATE   PRESS   ISJP     Desing Size   Shots/FI   Acki   RATE   PRESS   ISJP     Desing Size   Shots/FI   Acki   RATE   PRESS   ISJP     Description   To   Pre Pad   Max   SMm.   SMm.     Jobuman   From   To   Pre Pad   Max   SMm.   SMm.     Jack Press   How Press   From   To   Pressure   Annulus Pressure   Total Load     Station Manager   JAck Scient   Treater/Lock Action   Treater/Lock Action   Total Load     Station Manager   JAck Scient   Treater/Lock Action   Treater/Lock Action   Treater/Lock Action     Station Manager   JAck Scient   Treater/Lock Action   JAck Scient Action   Treater/Lock Action   Scient Action     Time   Pr	Field Order #	Station	Part	11			<u> </u>	Casing,	Te De	pth 2	County 1	10		State
PIPE DATA   PERFORATING DATA   FLUID USED   TREATMENT RESUME     Desing Stage   Tubing Size   Shots/Fi   Acid   RATE   PRESS   ISIP     Perts 3 2   Depth   From   To   Pre Pad   Max   SMin.     Volume   From   To   Pre Pad   Max   SMin.     Volume   From   To   Pad   Max   SMin.     Volume   From   To   Pad   Max   SMin.     Max Press   From   To   Prac   Avg   15 Min.     Max Despite   From   To   Flug   Arg   15 Min.     Max Despite   From   To   Flug   Annulus Pressure     Nelpopted/   Packer Depth   From   To   Flug   Gas Volume   Total Load     Uniter Station Manager   DAUS Sector   Treated Lift A   Annulus Pressure   Note Sector   Treated Lift A   Annulus Pressure     Noter   Annulus Pressure   Station Manager DAUS Sector   Treated Lift A   Annulus Pressure     Time   Pressure   Phile   Dau   Dau	Type Job	2 8	to a l	,		3	2 2		Formati	and the second second		Legal	Description	12
Description Tubing Size Shots/Ft Acid RATE PRESS ISJP   Perstars 2 Depth From To Pre Pad Max 5 Min.   Olymony Volume From To Pre Pad Max 5 Min.   Olymony Volume From To Pad Min 10 Min.   Max Press Max From To Pad Min 10 Min.   Max Press From To Prac Avg 15 Min.   VigOpepth Packer Depth From To Flush Gas Volume Total Load   Visotrier To Flush Gas Volume Total Load Visotrier   Visotrier From To Flush Gas Volume Total Load   Visotrier Station Manager DAVE Sectr Treater Left Left   Way Pressure Bibs. Pumped Rate Service Log Dave   Way Pressure Pressure Bibs. Pumped Rate Service Log   Time Pressure Pressure Bibs. Pumped Rate Service Log   10007 Dave Casing Tubing Public Castrice   11007 Dave	PIPE	E DATA	<u> </u>	2 g m	TING	DATA	ž×.	FLUID			TPE			••••••••••••••••••••••••••••••••••••••
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tax Press   From   To   Frac   Avg   15 Min.     helpConnection   Annulus Vol.   From   To   From   To   HHP Used   Annulus Pressure     ustomer Representative   Station Manager (Ner arnes)   Station Manager (Av E Scieff)   Treater (La, F, La, Manager (La, F, La, Manager)   Treater (La, F, La, Manager)     wirder arnes   Allow (La, Scieff)   Treater (La, F, La, Manager)   Treater (La, F, La, Manager)     mine   Casing   Tubing   Pressure   Bits. Pumped   Rate   Service Log     No.   Casing   Tubing   Pressure   Bits. Pumped   Rate   Service Log     No.   Casing   Tubing   Pressure   Bits. Pumped   Rate   Service Log     No.   Casing   Tubing   Pressure   Bits. Pumped   Rate   Service Log     No.   Casing   Tubing   Pressure   Bits. Pumped   Rate   Service Log     No.   Casing   Tubing   Pressure   Bits. Pumped   Rate   Service Log     No.   Casing   Tubing   Casing   Service Log   Service Log		Volume		9-1			Pad							
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