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

1263402

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

ription: Sec Twp S. R East West Feet from North / South Line of Section Feet from East / West Line of Section Calculated from Nearest Outside Section Corner:
Feet from North / South Line of Section
Feet from East / West Line of Section
Calculated from Nearest Outside Section Corner:
NE NW SE SW
ne: Well #: Completed: ng proposal was approved on: (<i>Date</i>) (<i>KCC District Agent's Name</i>) commenced:

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

Oil, Gas or Wate	er 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 Pluggin	ng Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of Operato	r or Operator on above-described w	əll,
boing first duly sworp on oath, save: T	hat I have knowledge of the facts	statements and matters berein contained and the lo	a of the above-described well is as filed a	inc

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

(8)		SIC SERVICES	10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201
1000	PRESSURE PUMP	PING & WIRELINE	

FIELD SERVICE TICKET 1718 12530 A

		PING & WIRELINE				DATE T	ICKET NO			
DATE OF JOB 06-22	15 0	DISTRICT PRAT	T		WELL	PROD 🗌 INJ			STOMER IDER NO.:	
	D. Or	21/1-7	LEASE 400000 1-21 WELL NO.							
ADDRESS		1		COUNTY THOMAS STATEKS						
CITY		STATE			SERVICE C	REW 34	11mo, 9	Janda	5_	
AUTHORIZED BY					JOB TYPE: Con www Prit					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQI	JIPMENT#	HRS	TRUCK CALLE	D 6-21-1	DATE	
1.00.12		-					ARRIVED AT J			
19843		~2					START OPERA	TION 6 - 2/	15	# 11:20
17000	40	22					FINISH OPERA	TIONG-2	2-19	- 88 3:00
	-		-			-	RELEASED	6-20	2-1	\$ 130
						_	MILES FROM S	STATION TO	WELL	100

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:___

			(WELL OWNE	ER, OPERATOR, CON	TRACTOR OR AG	GENT)
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVIC	ES USED UNI	QUANTITY	UNIT PRICE	\$ AMOUN	т
CP 103	60/40 por ont	S¥	240		2,880	00
ec 200	CMTGEL	15	414		103	50
EC 102	Cell FALC	K	60		222	00
CF 153	wooden Plan 5%	51	1		140	00
E 100	Diction m)	m	100		450	00
2 101 -	Heary Epart no		200		1,500	UD
C 113	Bulk Delin	m	1,035		2. 587	50
CE 20th	Dep.11 duz 3,000- \$600'	52			2,140	00
CE 240	Bland - thing	3/2	240		336	00
5003	Serine Sufferen	54	/		175	ev
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<u>A. 1</u>			-		-	-
No.						
		1		SUB TOTAL	10.574	uc
CHE	EMICAL / ACID DATA:					
		SERVICE & EQUIPMENT	1011 TO 1011	(ON \$		
		MATERIALS	%TA>	(ON \$		
·				TOTAL	6.873	10
~			1	That Spi		
SERVICE		MATERIAL AND SERVICE BY CUSTOMER AND RECEIVE		conard	Boese	/
FIELD SERVICE (the floor	(WELL	OWNER OF BAT	OR CONTRACTOR OF	AGENT)	



TREATMENT REPORT

Customer	Opiel	~			Π	Lease No.						Date					
Lease you	OWARD Well #2/								06-22-15								
Field Order #	1.6	Casing Dep					THOMAS					State					
Type Job		Formation						Legal Description									
PIPE	ING	IG DATA FLUID USED					TREATMENT RESUME										
Casing Size	Tubing Siz	e	Shots/F	it	-		Acid				RATE PRESS				ISIP		
Depth	Depth		From		То		Pre F	Pad			Мах				5 Min.		
Volume	Volume		From		То		Pad			_	Min				10 Min.		
Max Press	Max Press	-	From		То		Frac				Avg			15 Min.			
Well Connection	Annulus V	ol.	From		То						HHP Used				Annulus Pressure		
Plug Depth	Packer De	pth	From		То		Flush	1			Gas Volun	lume			Total Load		
Customer Repre	sentative					Station	Manaç	ger SA v æ	Ser	4		Trea	ter26	.the	1/2	5	
Service Units	1900	84	981	1984	3	1435	51	9883									
Driver Names	Mmo	80	JAN	10		C4	AVO	ec									
Time	Casing Pressure	IL	ubing essure	Bbls.	. Pun	nped	P	ate	-				Servic	ce Log			
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Taylor Printing, Inc. 620-672-3656

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