



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

KANSAS CORPORATION COMMISSION 1264201
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

LOG-TECH OF KANSAS, INC.

P.O. BOX 885
GREAT BEND, KANSAS 67530
(620) 792-2167

INVOICE

8553

Date 9-10-15

CHARGE TO: LASSO ENERGY LLC
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. EINSEL 1-B H FIELD _____
 NEAREST TOWN Clinton Hill COUNTY KLINGMAN STATE Ks
 SPOT LOCATION S12-S12-FW-CW SEC. 8 TWP. 27 RANGE 20N
 ZERO S.A.E.L. CASING SIZE 2" WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL _____
 ENGINEER S. CLIFTER OPERATOR S. COURSON

PERFORATING

Description	No. Shots	Depth		Amount
		From	To	
<u>CWFW 3125-302</u>	<u>2</u>	<u>945</u>	<u>946</u>	<u>45000</u>

DEPTH AND OPERATIONS CHARGES

Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			

MISCELLANEOUS

Description	Quantity	Amount
Service Charge	<u>N/C</u>	

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Sub Total	<u>85000</u>
Code Ref. Tool Insurance	
Tax	
	<u>83800</u>

Customer Signature _____ Date _____

Customer <i>19550 Energy, LLC</i>		Lease No.	Date <i>9-11-2015</i>	
Lease <i>Energy 7105-</i>		Well # <i>1-8H</i>		
Field Order # <i>12576</i>	Station <i>Piggy, KS</i>	Casing	Depth	County <i>KOWS</i> State <i>KS</i>
Type Job <i>CCSPU/PTA</i>		Formation	Legal Description <i>8-27s-20w</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size <i>2 7/8</i>	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth	Depth	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 <i>M. G. ...</i>	Station Manager <i>Kevin Goleski</i>	Treater <i>Devin Franklin</i>
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Service Units	<i>92511</i>	<i>77686</i>	<i>19905</i>	<i>19826</i>	<i>19918</i>	<i>70954</i>	<i>73674</i>		
Driver Names	<i>Devin</i>	<i>McGraw</i>	<i>McGraw</i>	<i>Shelton</i>	<i>Shelton</i>	<i>Pierce</i>	<i>Pierce</i>		

Time	Casing Pressure	Tubing Pressure	Bbbls. Pumped	Rate	Service Log
<i>8:00am</i>					<i>On location safety meeting</i>
					<i>5110' - 50 SK</i>
<i>2:30pm</i>		<i>500</i>	<i>12</i>	<i>3</i>	<i>mix 50 SK 60/100 P02</i>
		<i>500</i>	<i>18</i>	<i>3</i>	<i>Displace 12 bbbls</i>
					<i>1320 30 SK</i>
		<i>500</i>	<i>10</i>	<i>3</i>	<i>lock hole</i>
		<i>300</i>	<i>7</i>	<i>3</i>	<i>mix 30 SK</i>
		<i>300</i>	<i>4</i>	<i>3</i>	<i>Displace 4 bbbls</i>
					<i>945 circulation to surface</i>
<i>5:30pm</i>		<i>800</i>	<i>56</i>	<i>3</i>	<i>mix 220 SK</i>
					<i>Circulation</i>



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

8-275-20W

FIELD SERVICE TICKET
1718 12576 A

DATE _____ TICKET NO. _____

DATE OF JOB 9-11-2015		DISTRICT PIG #1, KS		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 AGSSO Energy, LLC				LEASE E. 0501 Truse				WELL NO. 1-8H							
ADDRESS				COUNTY Kiowa				STATE KS							
CITY				STATE				SERVICE CREW Deering, McGraw, Price							
AUTHORIZED BY				JOB TYPE: CCSPW/PTA											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
19905	3						9-11			5:00					
19918	3					ARRIVED AT JOB	9-11			8:00					
73768	3					START OPERATION	9-11			2:30					
						FINISH OPERATION	9-11			5:30					
						RELEASED	9-11			6:30					
						MILES FROM STATION TO WELL			56						

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: Matt Burt
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP103	60/40 P02	SK	300		
CC200	Cement Gel	Lb	516		
E100	un + mileage chaise - pickups, smelting, etc.	m	25		
E101	Hrs. / Equipment - Mileage	m	50		
E113	Proppant for Bulk Delivery Charges, Prelum.	Ton	323		
CF 206	Depin chaise / 5001-6000	4hr	1		
CF 240	Blenders & mixing service chaise	SK	300		
S003	Service supervisor, first 8 hrs on loc.	ES	1		
				SUB TOTAL	8,457.70

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL		11,248.58	58

SERVICE REPRESENTATIVE Deering THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Matt Burt
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.