

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1268801

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 #:			AF	PI No.	15						
Name:				Spot Description:							
Address 1:			_		Sec Tw	p 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:			Fo	otage	es Calculated from Neares	st Outside Section Corner:					
Phone: ()					NE NW	SE SW					
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	c C	nunty:							
Water Supply Well	Other:	SWD Permit #:		-		Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:				vveii #					
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1			ved on:(Date)					
Producing Formation(s): List A	─ \ll (If needed attach another	sheet)				(KCC District Agent's Name)					
Depth to	Top: Botto	m: T.D	1								
Depth to	Top: Botto	m: T.D		•							
Depth to	Top: Botto	m:T.D	1	ugging	g Completed:						
Show depth and thickness of	all water, oil and gas forma	ations.									
Oil, Gas or Water	Records		Casing Reco	ord (Su	urface, Conductor & Produc	tion)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
cement or other plugs were us	sed, state the character of	same depth placed from (bot	tom), to (top)	for ea	ach plug set.						
Plugging Contractor License #	#:		Name:								
Address 1:			Address 2: _								
City:			St	ate:		Zip:+					
Phone: ()											
Name of Party Responsible fo	or Plugging Fees:										
State of	County, _		, ;	SS.							
		[E	Employee of Operator or	Operator on above-described well,						

Submitted Electronically

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



TREATMENT REPORT

	95/2	as e	10	Lease No.		The second secon		Date					
ease	Well #							111-	11	1			
Field Order # Station					Casing	Dept	County						
Type Job WW P. T. J.			Formation				Logal Description						
PIPE	DATA	PER	FORATIN	G DATA	FLLIIF	USED		TOPA	a second	10-30			
sing Size	Tubing Size	Shots/I		G D/II/	Acid		-	RESUME					
epth	Depth				Pre Pad		Max	RATE PRE	PRESS ISIP 5 Min.				
olume	Volume	From	То	The second second second	Pad		Min			10 Min.			
ax Press	Max Press	From	То		Frac		Avg		10 Min.				
ell Connection	Annulus Vol.		To				HHP Used		Annulus Pressure				
ug Depth	Packer Dept		To		Flush		Gas Volun		Total Load		sure		
ustomer Repre	sentative	From	То	Station	Manager DA		Gao Voidii	Treater		Total Load	AND ALCOHOLOGY		
ervice Units	7900	23705	20921	1051	1001	16) =		1	6.	1//			
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r. a d			7			Carl Del			/ 25				



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

FIELD SERVICE TICKET

1718 12902 A

	PRESS	SURE PUI	MPING	& WIRELINE					DATE	TICKET NO					
DATE OF JOB 10 -10-15 DISTRICT PRATT					NEW OLD PROD INJ WDW CUSTOMER ORDER NO.:										
CUSTOMER	Ros	5/6	ore"	Well Son	ve		LEASE ///	10	Q	10-1		WELL NO.			
ADDRESS					COUNTY KINGWAD STATEKE										
CITY STATE					SERVICE CREW Call Back and										
AUTHORIZE	D BY						JOB TYPE:		P. TK	1	45	then			
EQUIPME	QUIPMENT# HRS EQUIPMENT# HRS EQUI					IPMENT#	HRS	TRUCK CAL		DATE	AM TII	ME			
209	20	40							ARRIVED A	10-1	1	AM PM 4	1		
198	52	30	n	turoritation.					START OPE	AM PM	15				
								-	FINISH OPE	AM C	00				
1		-	1.1	P					RELEASED	/	AM 63	30			
es de la companya de					7/10	+ 1/2			MILES FROM STATION TO WELL 45						
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, become a part of this contract without the written consent of an officer of Basic Energy Services LP. SIGNED: (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)															
ITEM/PRICE REF. NO	D.		MATE	RIAL, EQUIPMENT	AND SER	VICES USE	ED	UNIT	QUANTITY	UNIT PRIC	E	\$ AMOUN	NT .		
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SERVICE REPRESENTAT	N	26	4	///	HE ABOV	E MATERI BY CUST	AL AND SERV OMER AND RE	CEIVED		lary					
FIELD SERVICE	ORDER	NO.		(WELL OWNER OPERATOR CONTRACTOR OR AGENT)											