



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

KANSAS CORPORATION COMMISSION 1275642  
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



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

23-15-23

FIELD SERVICE TICKET  
1718 13003 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB 12-13-16		DISTRICT Pratt		NEW WELL <input checked="" type="checkbox"/>		OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/>		INJ <input type="checkbox"/>		WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:	
CUSTOMER L.D. Drilling inc				LEASE Julius				WELL NO. 1-23							
ADDRESS				COUNTY Trego				STATE KS							
CITY				STATE				SERVICE CREW Mattel grams McGraw							
AUTHORIZED BY				JOB TYPE: CNW Plug to abandon											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 12-12-16		DATE	AM	TIME					
27463	65								PM	7:00					
						ARRIVED AT JOB			AM	11:00					
						START OPERATION		12-13	AM	3:30					
19862	1					FINISH OPERATION			PM	6:20					
						RELEASED			AM	7:00					
						MILES FROM 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: *x R. W. [Signature]*  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 P02	SK	240		2,880 00
CC 102	CELLULOSE	lb	61		225 70
CC 200	CEMENT G-1	lb	414		103 50
CF 153	WOODEN CMS PLUG	ea	1		160 00
E 100	P.N. MILLS	MD	100		450 00
E 101	HEAVY EQ MILLS	MI	200		1,500 00
E 113	PROP + BULK SOL	TM	1035		2,587 50
C 202	DEPTH CHARGE 1001-2000'	HR	1		1,500 00
C 240	BLAND + MIX CHARGE	SK	240		336 00
S 003	SUPERVISOR	ea	1		175 00
SUB TOTAL					9,997 70

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		4,958 85

SERVICE REPRESENTATIVE Mike Mattel	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>x R. W. [Signature]</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

Customer	L.D. Drilling inc	Lease No.				Date	12-13-15				
Lease	Julias	Well #	1-23								
Field Order #	13003	Station	Pratt	Casing	—	Depth	1825	County	Trego	State	KS
Type Job	CNW plug to abandon				Formation			Legal Description	23-15-23		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME				
Casing Size	Tubing Size	Shots/Ft		Acid	240 SKS	60/40	RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre Pad	40% gel	Max	1/4 #	C.F.	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	LD	Station Manager	Kevin Caudley	Treater	Mike Murray
Service Units	37586	27463	1986	1986	
Driver Names	MATTU	GRAYS	McGraw		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
11:00					ON LOCATION / SAREY MEETING	
					Plug # 1 @ 1825'	
4:30	250	}	15	4	Pump 15 bbl water	
4:35	200		13	4	Mix 50 SKS 60/40 POZ	
4:38	100		5	4	Pump 5 bbl water	
4:39	100		15	4	Pump 15 bbl mud	
						Plug # 2 @ 900'
4:29	200		10	5	Pump 10 bbl water	
4:31	200		26	6	Mix 100 SKS 60/40 POZ	
4:36	100		3	5	Pump 3 bbl water	
4:37	50		5	5	Pump 5 bbl mud	
						Plug # 3 @ 350'
5:05	200	5	5	Pump 5 bbl water		
5:06	100	13	5	Mix 50 SKS 60/40 POZ		
5:10	50	3	5	Pump 3 bbl water		
					Plug # 4 @ 40' with woodm plug	
6:15	100	3	3	Mix 10 SKS 60/40 POZ		
					CMT TO SURFACE	
6:20		7	3	Plug RAT hole		
					JOB COMPLETE	
					THANK YOU!	
					MIKE MURRAY SCOTT MURRAY	