

**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

#### 1281709

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 #:				API No. 1	5						
				Spot Des	cription:						
Address 1:				Sec Twp S. R East West							
Address 2:				Feet from North / South Line of Section							
City:	State: _			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 Cathoo	dic	County							
Water Supply Well	Other:	SWD Permit #:		County: Well #:							
ENHR Permit #:	Gas	Storage Permit #:		Date Well Completed:							
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 and	other sheet)				(KCC <b>Distr</b>					
Depth	to Top: E	Sottom: T.D		•							
Depth	to Top: E	Sottom: T.D									
Depth	to Top: E	Sottom:T.D		Plugging	Completed:						
Show depth and thickness o	f all water, oil and gas f	ormations.									
Oil, Gas or Wate	er Records		Casing R	ecord (Sur	face, Conductor & Prod	luction)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
		lugged, indicating where the muer of same depth placed from (bo									
Plugging Contractor License	#:		_ Name: _								
Address 1:			Address	2:							
City:				State:		Zip:	_+				
Phone: ( )											
Name of Party Responsible	for Plugging Fees:										
State of	Cour	nty,		_ , SS.							
					nployee of Operator o	r Operator on above	a-described well				
	(Print Nam			_ <u> </u>	inhioyee of Operator o	Delator on above	-uescribed 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

# BASIC \*\* 10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124

### FIELD SERVICE TICKET 1718 12591 A

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

	ENERGY : PRESSURE PUMPIN	IC & WIDELINE	one 620-672 - 15 -				DATE	TICKET NO					
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FIELD SERVICE ORDER NO.



## TREATMENT REPORT

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Max Press	Max Pre	ss	From		То					Ì	Avg	1	15 Min.						
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11:30 <sub>pm</sub>									onl	on Location /Safety meeting									
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

# FIELD SERVICE TICKET 1718 12698 A

Phone 620-672-1201 PRESSURE PUMPING & WIRELINE DATE TICKET NO. ☐ CUSTOMER ORDER NO.: DATE OF JOB OLD PROD INJ ☐ WDW DISTRICT WELL NO. LEASE CUSTOMER STATE COUNTY **ADDRESS** SERVICE CREW STATE CITY JOB TYPE: **AUTHORIZED BY EQUIPMENT#** HRS **EQUIPMENT#** HRS **EQUIPMENT#** HRS TRUCK CALLED ARRIVED AT JOB START OPERATION **FINISH OPERATION** RELEASED MILES FROM STATION TO WELL 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 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO. UNIT QUANTITY **UNIT PRICE** \$ AMOUNT MATERIAL, EQUIPMENT AND SERVICES USED 4hr SIC SUB TOTAL CHEMICAL / ACID DATA: SERVICE & EQUIPMENT %TAX ON \$ %TAX ON \$ **MATERIALS** 

SERVICE REPRESENTATIVE, THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

CLOUD LITHO - Abiene TX



# TREATMENT REPORT

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Customer	, Pa	9/19	24	In		ease No					Date						
Lease	rk	,,,,	0		V	Vell # 25	C	- 1			1/	110	116				
Field Order		Px	211	k	8			Casing	578	591	County	30	ve		State		
Type Job	6 3	ur	fac	e	Ry	se		CNW	Formatio	n			Legal D	escription	25-15-3		
PIP	E DATA		PERF	FORAT	TING	DATA		FLUID	USED		·T	REAT	MENT	RESUME			
Casing Size	Tubing S	ize	Shots/Ft		Acid				RATE	PRES	SS ISIP						
Depth 47	Depth		From		То		Pr	e Pad		Мах			5 Min.				
Volume 34	Volume		From		То		Pa	ad		Min				10 Min.			
Max Press	Max Pres	ss	From		То		Fra	ac		Avg				15 Min.			
Well Connecti	on Annulus '	Vol.	From		То					HHP Used	d			Annulus I	Pressure		
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