



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

KANSAS CORPORATION COMMISSION 1316030
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 13951 A

DATE _____ TICKET NO. _____

DATE OF JOB: 7-26-16		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: LD Drilling inc				LEASE: Habis				WELL NO.: 128	
ADDRESS:				COUNTY: Scott		STATE: KS			
CITY:				STATE:		SERVICE CREW: MATTAL, SPARK, ADAMS			
AUTHORIZED BY:				JOB TYPE: CNW plus no abandon					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
21010	1.5	20920				7-26-16		PM	10:30
						ARRIVED AT JOB		AM	7:45
						START OPERATION		AM	4:40
						FINISH OPERATION		AM	7:55
						RELEASED		AM	8:30
						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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP103	60/40 P02	SM	270		3,240.00
CC102	Cellofina	lb	68		251.60
CC200	CMT Sol	lb	466		116.50
E100	P.U. miles	mi	100	1	450.00
E101	heavy eq. miles	mi	200	1	1,500.00
E113	PROP + bulk Del.	TR	1165	1	2,912.50
CE203	DEPTH charge 2001-3000'	4hr	1	1,800	1,800.00
CE240	blend + mix	SM	270	1	378.00
S003	Supervisor	ea	1	175	175.00
E100	P.U. miles	mi	100	1	450.00
E101	heavy eq. miles	mi	200	1	1,500.00
E113	PROP + bulk Del.	TR	1165	1	2,912.50
CE203	DEPTH charge 2001-3000'	4hr	1	1,800	1,800.00
CE240	blend + mix	SM	270	1	378.00
S003	Supervisor	ea	1	175	175.00
SUB TOTAL					10,823.80

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		5,411.80

SERVICE REPRESENTATIVE: Mike Mattal	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____

BASIC

energy services, L.P.

1 of 2

TREATMENT REPORT

Customer CO Drilling inc	Lease No.	Date 7-26-16
Lease HABIS	Well # 1-28	
Field Order # 1351	Station Pratt	Casing
		Depth 2320
Type Job COW Plug to Abandon	Formation	County SCOTT
		State KS
Legal Description		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid 270 SKS 60/40 POZ	RATE	PRESS	ISIP	
Depth 2320	Depth	From	To	Pre Pad 490 g-	Max 1/4 #	CR	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 Rick	Station Manager	Treater
Service Units 37586	33708	19903
Driver Names MARTIN	SPAIN	ADAMS

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:45					ON LOCATION SAFETY MEETING
					Plug # 1 @ 2320'
4:40		200	20	5	PUMP 20 bbl WATER
4:45		200	13	5	MIX 50 SKS 60/40 POZ @ 13.78 PM
4:48		100	5	5	PUMP 5 bbl WATER
4:49		50	23	5	PUMP 23 bbl MUD
					Plug # 2 @ 1550'
5:27		200	20	5	PUMP 20 bbl WATER
5:32		200	20	4.5	MIX 50 SKS 60/40 POZ
5:35		100	5	4.5	PUMP 5 bbl WATER
5:36		50	11	4.5	PUMP 11 bbl MUD
					Plug # 3 @ 720'
6:20		150	10	5	PUMP 10 bbl WATER
6:23		100	10	5	MIX 40 SKS 60/40 POZ
6:25		50	3	4.5	PUMP 3 bbl WATER
6:26		50	3	4.5	PUMP 3 bbl MUD
					Plug # 4 @ 390'
6:41		100	5	4.5	PUMP 5 bbl WATER
6:42		50	13	4.5	MIX 50 SKS 60/40 POZ
6:44		50	2	4.5	PUMP 2 bbl MUD

2 of 2

Customer LD Drilling		Lease No.		Date	
Lease HABIG-1		Well # 1-29		7-26-16	
Field Order # 13951	Station	Casing	Depth		
Type Job			Formation		Legal Description

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	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	Station Manager	Treater
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Service Units									
Driver Names									

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
			5		Plug # 5 @ 60'
7:51	}	50	5	3	Mix 20 SK, 60/40 P02
7:54					CMT TO SURFACE
7:55				7	3
					JOB COMPLETE
					THANK YOU!
					MIKE MATTHEW
					MATT + TOD