



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

KANSAS CORPORATION COMMISSION 1324765
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



DEC 02 2016

PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1004542	1718	11/30/2016
INVOICE NUMBER			
92291060			

Pratt (620) 672-1201
 B VESS OIL CORPORATION
 I 1700 WATERFRONT PKWY BLDG 500
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Smoky Valley 1
 O LOCATION
 B COUNTY Logan
 S STATE KS
 I JOB DESCRIPTION Cement-Casing Seat-Prod W
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40983435	86779		Net - 30 days	12/30/2016

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 11/18/2016 to 11/18/2016</i>				
0040983435				
171814150A Cement-Casing Seat-Prod W 11/18/2016				
Cement PTA				
60/40 POZ	425.00	EA	6.24	2,652.00 T
Cement Gel	732.00	EA	0.13	95.16 T
Cotton Seed Hulls	700.00	EA	0.39	273.00 T
"Unit Mileage Chg (PU, cars one way)"	100.00	MI	2.34	234.00 T
Heavy Equipment Mileage	200.00	MI	3.90	780.00 T
"Proppant & Bulk Del. Chgs., per ton mil	1,830.00	EA	1.30	2,379.00 T
Blending & Mixing Service Charge	425.00	BAG	0.73	309.40 T
Depth Charge; 0-500'	1.00	EA	520.00	520.00 T
"Service Supervisor, first 8 hrs on loc.	1.00	EA	91.00	91.00 T

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,333.56
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	586.68
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	7,920.24
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

Customer <i>West Oil Corporation</i>		Lease No.		Date <i>11/18/16</i>	
Lease <i>Smoky Valley</i>		Well # <i>1</i>			
Field Order # <i>14136A</i>	Station <i>Pratt KS</i>	Casing <i>4 1/2</i>	Depth <i>3967</i>	County <i>Logan</i>	State <i>KS</i>
Type Job <i>Plug to Abandon 241</i>			Formation <i>19</i>	Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>11 7/8</i>	<i>2 3/8</i>			Pre Pad		Max		5 Min. <i>241</i>
Depth <i>3967</i>	Depth <i>3967</i>	From	To	Pad		Min		10 Min.
Volume	Volume	From	To	Frac		Avg		15 Min.
Max Press	Max Press	From	To	Flush		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To			Gas Volume		Total Load
Plug Depth	Packer Depth	From	To					

Customer Representative				Station Manager <i>Kevin Conley</i>				Treater <i>Scott Conroy</i>			
Service Units	<i>5546</i>	<i>75452</i>	<i>51779</i>	<i>19359</i>	<i>15000</i>						
Driver Names	<i>Scott</i>	<i>Mark</i>	<i>Mark</i>	<i>Mark</i>	<i>Mark</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>11:00</i>					<i>On location Safety Meeting</i>
<i>11:28</i>		<i>0</i>		<i>4</i>	<i>Pump 1170</i>
<i>11:30</i>		<i>50</i>	<i>8</i>	<i>11</i>	<i>Stop 1170</i>
<i>11:36</i>		<i>100</i>	<i>355</i>	<i>11</i>	<i>Start 1st treatment</i>
<i>11:40</i>		<i>0</i>	<i>175</i>	<i>0</i>	<i>Shut down (3967')</i>
					<i>2950'</i>
<i>11:58</i>		<i>0</i>		<i>3</i>	<i>Pump 1170</i>
<i>11:59</i>		<i>0</i>	<i>2</i>	<i>75</i>	<i>Min 100 psi 10000 20000 15000</i>
<i>12:16</i>		<i>50</i>	<i>755</i>	<i>75</i>	<i>Shut displacement</i>
<i>12:20</i>		<i>0</i>	<i>275</i>	<i>0</i>	<i>Shut down</i>
					<i>1475'</i>
<i>1:00</i>		<i>250</i>		<i>11</i>	<i>Pump 1170</i>
<i>1:03</i>		<i>0</i>	<i>2</i>	<i>4</i>	<i>Min 175 psi 60000 107 15000</i>
<i>1:14</i>		<i>200</i>	<i>47</i>	<i>4</i>	<i>Completed to surface</i>
<i>1:15</i>		<i>0</i>	<i>2</i>	<i>0</i>	<i>Shut down</i>
					<i>55% surface</i>
<i>2:10</i>		<i>0</i>		<i>1.5</i>	<i>Min 250 psi 10000 107</i>
<i>2:20</i>	<i>200</i>		<i>65</i>		<i>Pump 1170 70000 Shut down</i>
					<i>- all 1170</i>
<i>2:25</i>		<i>0</i>		<i>1</i>	<i>Min 250 psi</i>
<i>2:30</i>			<i>60</i>	<i>1</i>	<i>Shut down</i>