

**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

1324765

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 #:			A	API No.	15						
Name:				Spot Description:							
Address 1:			-	Sec Twp S. R East We							
Address 2:			_	Feet from North / South Line of Section							
City:	State:	Zip:+	-	Feet from East / West Line of Section							
Contact Person:			F	Footages Calculated from Nearest Outside Section Corner:							
Phone: ( )					NE NW	SE SW					
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	lic C	county.							
Water Supply Well	Other:	SWD Permit #:		-		Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes			•	oved on: (Date)					
Producing Formation(s): List A	All (If needed attach another	sheet)	b	y:		(KCC <b>District</b> Agent's Name)					
Depth to	Top: Botto	m: T.D		Pluggin	a Commenced:						
Depth to	Top: Botto	m: T.D		Plugging Commenced:  Plugging Completed:							
Depth to	Top: Botto	m:T.D	'	luggiii	g completed.						
Show depth and thickness of	all water, oil and gas forma	ations.									
Oil, Gas or Water	Records		Casing Rec	ord (Su	urface, Conductor & Produc	ction)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
Describe in detail the manner cement or other plugs were us						ds used in introducing it into the hole. If					
Plugging Contractor License #	<i>‡</i> :		Name:								
Address 1:			Address 2:								
City:			S	tate:_		Zip:+					
Phone: ( )											
Name of Party Responsible fo	or Plugging Fees:										
State of	County, _		,	SS.							
	(Print Name)			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



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

KS US

67206

o ATTN:

ACCOUNTS PAYABLE

LEASE NAME J

Smoky Valley 1

LOCATION

В COUNTY

Ι

Logan KS

STATE

JOB DESCRIPTION Cement-Casing Seat-Prod W

 $\mathbf{T}$ 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		
For Service Dates	: 11/18/2016 to 1	1/18/2016						
0040983435		2						
171814150A Ceme	nt-Casing Seat-Prod W	11/18/2016						
60/40 POZ			425.00		6.24			
Cement Gel			732.00		0.13			
Cotton Seed Hulls "Unit Mileage Chg (F	III. care one way)"		700.00 100.00		0.39			
Heavy Equipment Mi			200.00		3.90			
"Proppant & Bulk De		(	1,830.00		1.30			
Blending & Mixing Se		1	425.00		0.73			
Depth Charge; 0-500 "Service Supervisor,			1.00 1.00		520.00 91.00			
Service Supervisor,	mat o ma on loc.		,,,,,					
PLEASE REMIT	TO: SE	ND OTHER CORRES	PONDENCE TO	):				

PLEASE REMIT TO:

PO BOX 841903

DALLAS, TX 75284-1903

BASIC ENERGY SERVICES, LP BASIC ENERGY SERVICES, LP 801 CHERRY ST, STE 2100 FORT WORTH, TX 76102

SUB TOTAL TAX

7,333.56 586.68

INVOICE TOTAL

7,920.24



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

## FIELD SERVICE TICKET

1718 14150 A

	PRESSL	JRE PUI	MPING & \	VIRELINE	1				DATE	TICKET N	0		
DATE OF JOB	110	ó	DISTRIC	т	75		NEW WELL	WELL 1	PROD IN	J MDW	/ D S	ORDER NO.:	
CUSTOMER	less	0	01/ 0	o por	dion		LEASE 5	mak	· V	Mes		WELL NO	). /
ADDRESS				,			COUNTY	ogar	1	STAT	EK	S	
CITY				STATE			SERVICE CF	REW 5	off is	Dann	, Ro	rky	
AUTHORIZED B	YD	11/10	M	Klan	0		JOB TYPE:	Dlin	0 20	Almi	nele	in 20	41
EQUIPMENT	#	HRS	Е	QUIPMENT#	HRS	S EC	UIPMENT#	HRS	TRUCK CAL	LED	DAT	TE AM T	TIME
86779 1		1							ARRIVED A	T JOB	18/10	AM PM //	.00
19867 ×		15	-						START OPE	RATION	11<1	A 6.7	10
	CUSTOMER  ADDRESS  CITY STATE  AUTHORIZED BY  EQUIPMENT# HRS EQUIPMENT# HRS  CONTRACT CONDITIONS: (This contract must reproducts, and/or supplies includes all of and only those terms and conditions appleading a part of this contract without the written consent of an officer of Basic						FINISH OPERATION						
									RELEASED	17	TIRL	AM 3	70
									MILES FRO	M STATION	TO WEL		
products, and/or supercome a part of the	pplies in	cludes a	all of and or out the writt	lly those terms en consent of a	and condition an officer of B	ns appearing o Basic Energy S	n the front and bacl ervices LP.	of this do	GIGNED:(WELL OWN	IER, OPERATO	OR, CONT	FRACTOR OR	ons shal
REF. NO.	20.00	100	MATERIA	L, EQUIPME	ENT AND SE	ERVICES U	SED	UNIT	QUANTITY	UNIT P	RICE	\$ AMOU	JNT
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00 700	(5)	no	01 (	70/	11/11.			15	756			18	5 00
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F											TOTAL	7333	5 50
CONTRACT CONDITIONS: (This contract me products, and/or supplies includes all of and only those terms and conditions become a part of this contract without the written consent of an officer of Baseline (Contract).  ITEM/PRICE REF. NO.  MATERIAL, EQUIPMENT AND SERVICE REF. NO.  MATERIAL, EQUIPMENT AND SERVICE REF. NO.													

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

REPRESENTATIVE

SERVICE



### TREATMENT REPORT

	,,			NI-						I Data					
Customer	01/2	Sugar E	line -	ease No.	•					Date	7	1			
Lease	, Fy	Valle.	V	Vell#		Acid RATE PRESS ISIP Pre Pad Max 5 Min. Pad Min 10 Min. Prac Avg 15 Min. HHP Used Annulus Plush Gas Volume Total Lo									
Field Order #	Station	Puit	- h	5.		Casing	4	Dept	h 39/-7	Count	1000			State	
Type Job	-/2	Alsor	den	7	4	/	Forn	natior	า		Le	gal Desc	ription		
PIPE	ORATING	DATA		FLUID	USED			TREATMENT RESUME							
Casing Size	Tubing Size	e Shots/F	t		Ac	eid		_		RATE	PRESS	T	SIP	2277	
Depth	Depth	From	То		Pr	e Pad			Max			5	Min.	241	
Volume	Volume	From	То		Pa	ıd			Min			1	0 Min.		
Max Press	Max Press		То			ac							15 Min.		
Well Connection	Annulus Vo		То						HHP Use	ed		A	nnulus Pre	essure	
Plug Depth			То		Flush				Gas Volu	me		1	Total Load		
Customer Repr	esentative			Station	n Mai	nager	un P	4,	de	Trea	ater	11/6	wodowi	66	
Service Units	55940	75462	57,779	1955	ý	156%			7						
Driver Names	5/1/ 1	Dan	-	Down	1.										
	Casing Pressure	Tubing Pressure	Bbls. Pun	nped	/	Rate			***************************************		Service Lo	og			
1166							2	1	. 300	5	[2]			Page	
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