

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

KANSAS CORPORATION COMMISSION 1325282
 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



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002427	1718	12/31/2016
INVOICE NUMBER			
92315742			

RECEIVED

IAN 4 2017

Pratt (620) 672-1201
 B LOTUS OPERATING CO. LLC
 I 100 S MAIN ST STE 420
 L WICHITA
 L KS US 67202
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Piester D
 O LOCATION
 B COUNTY Kiowa
 S STATE KS
 I JOB DESCRIPTION Cement-Casing Seat-Prod W
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40990257	27463		Net - 30 days	01/30/2017

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 12/27/2016 to 12/27/2016</i>				
0040990257				
171814858A Cement-Casing Seat-Prod W 12/27/2016 Cement PTA				
60/40 POZ	135.00	EA	6.24	842.40 T
Cement Gel	1,734.00	EA	0.13	225.42 T
"Unit Mileage Chg (PU, cars one way)"	30.00	MI	2.34	70.20 T
Heavy Equipment Mileage	60.00	MI	3.90	234.00 T
176---"Prop & Bulk Del. Chrg per ton mil	1.00	EA	228.15	228.15 T
Blending & Mixing-Service Charge	135.00	BAG	0.73	98.28 T
Depth Charge; 501'-1000'	1.00	EA	624.00	624.00 T
"Service Supervisor, first 8 hrs on loc.	1.00	EA	91.00	91.00 T

ENTERED
 DEC 31 2016

GL# 9350
 DESC. Cement well

WELL # Piester

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	2,413.45
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	181.01
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	2,594.46
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

