

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

KANSAS CORPORATION COMMISSION 1326889
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.

(Print Name) Employee of Operator or Operator on above-described well,

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 1 of 1	CUST NO 1009504	YARD # 1718	INVOICE DATE 12/09/2016
INVOICE NUMBER 92297487			

RECEIVED
DEC 13 2016

Pratt (620) 672-1201
 B K3 OIL & GAS
 I 24900 PITKIN RD, SUITE 305
 L THE WOODLANDS
 L TX US 77386
 T
 O ATTN: SELIGMAN

J LEASE NAME Standrich 11-7
 O LOCATION
 B COUNTY Sumner
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40985569	27463		Net - 30 days	01/08/2017

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 12/04/2016 to 12/04/2016				
0040985569				
171814696A Cement-New Well Casing/Pi 12/04/2016				
Cement 8 5/8;Surface				
A-Serv Lite	165.00	EA	5.46	900.90 T
60/40 POZ	110.00	EA	5.04	554.40 T
Celloflake	70.00	EA	1.55	108.78 T
Calcium Chloride	717.00	EA	0.44	316.20 T
"Top Rubber Cmt Plug, 8 5/8""	1.00	EA	94.50	94.50
"Unit Mileage Chg (PU, cars one way)"	85.00	MI	1.89	160.65
Heavy Equipment Mileage	170.00	MI	3.15	535.50
"Proppant & Bulk Del. Chgs., per ton mil	1,195.00	EA	1.05	1,254.75
Blending & Mixing Service Charge	275.00	BAG	0.59	161.70
Plug Container Util. Chg.	1.00	EA	105.00	105.00
Depth Charge; 0-500'	1.00	EA	420.00	420.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	73.50	73.50

Company _____
 Well Name Standrich 11-7
 G/L Account 9210
 Approval [Signature]

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,685.88
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	131.62
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	4,817.50
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		