

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

KANSAS CORPORATION COMMISSION 1347967
 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

0041005909
FIELD SERVICE TICKET
1718 09988 A

DATE _____ TICKET NO. _____

JOB # <u>2-28-17</u> DISTRICT <u>1718</u>		NEW WELL <input type="checkbox"/> OLD WELL <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER <u>L.D. Drlg Inc</u>		LEASE <u>Ultra</u> <u>1-13</u> WELL NO.							
ADDRESS _____		COUNTY <u>Gove</u> STATE <u>KS</u>							
CITY _____ STATE _____		SERVICE CREW <u>1718</u>							
AUTHORIZED BY _____		JOB TYPE: <u>PTA o/w</u> <u>241</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
<u>38119-19570</u>	<u>3</u>	<u>Liberal</u>					<u>2-28</u>		<u>0600</u>
<u>19960-73968</u>	<u>3</u>						<u>2-28</u>		<u>0800</u>
<u>19889-19918</u>	<u>3</u>						<u>2-28</u>		<u>1030</u>
							<u>2-28</u>		<u>1245</u>
							<u>2-28</u>		<u>1300</u>
									<u>190</u>

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: Mark Davis By D Scott
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>CP103</u>	<u>60140 por</u>		<u>360 sk</u>		<u>4320</u> -
<u>CC200</u>	<u>Cement Gel</u>		<u>620 lb</u>		<u>155</u> -
<u>CC200</u>	<u>Cement Gel</u>		<u>1600 lb</u>		<u>400</u> -
<u>E100</u>	<u>Pickup mileage 1 way</u>	<u>1 ea</u>	<u>100 mi</u>		<u>450</u> -
<u>E101</u>	<u>Trk mileage 1 way</u>	<u>3 ea</u>	<u>300 mi</u>		<u>2250</u> -
<u>E113</u>	<u>Bulk Delv Change</u>		<u>1350 ton/hr</u>		<u>3875</u> -
<u>CE205</u>	<u>Pump Change 4001-5000'</u>		<u>4 hr</u>		<u>2520</u> -
<u>CE246</u>	<u>Blending & mixing Change</u>		<u>3600 sk</u>		<u>504</u> -
<u>5003</u>	<u>Service Supv Change</u>		<u>1 ea</u>		<u>175</u> -

CHEMICAL / ACID DATA:			

	SUB TOTAL	
	<u>Book Total</u>	<u>16,649</u> -
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
	TOTAL	
	<u>Discounted Price</u>	<u>7617</u> <u>48</u>

SERVICE REPRESENTATIVE D L Scott THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Mark Davis By D Scott
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



ASIC
Engineering services, L.P.

TREATMENT REPORT

surface trespass alert
 services performed by
 any claims of legal actions
 or holders, overriding
 or concerning
 insurance

L.D. Dilg Inc		Lease No.	Date	
Ultra		Well # 1-13	2-28-17	
Field Order # 09988	Station Pratt KS	Casing 5 1/2	Depth	County Gove State KS
Type Job PTA o/w	Formation	Legal Description 13-29-13		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
5 1/2		From	To	Pre Pad		Max		5 Min.
Depth	Volume	From	To	Pad		Min		10 Min.
Volume	Max Press	From	To	Frac		Avg		15 Min.
Max Press	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Well Connection	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative Mark Davis	Station Manager D Scott	Treater D Scott				
Service Units Vap	38119	19570	19960	73768	19889	19918
Driver Names Scott	C	H/hz	6	Dick	J	West

Time	Casing Pressure	Tubing Pressure	Bbbls. Pumped	Rate	Service Log
0600					Called Out
0800					On loc w/ Trk Safety mt
1030		1000	36	4	1st Plug Tbg @ 4250' mix 16ski Gel
1035		1000	19.1	4	mix 75ski @ 13.7ppg w/ 250 Hulls
1038		1000	16.9	4	Balance + Disp Cmt Good Circ
1120		800	25.4	4	2nd Plug mix 100ski Cmt @ 13.7ppg
1125		800	2	4	5t Disp Good Circ Tbg @ 2350'
1200		500	43.2	4	3rd Plug Tbg @ 1425' Circ Cmt Surface
					170 ski 70H w/ Tbg
					Rig up to Braden Head PSI Test
1230					Held 400psi
			3.8	1	Top off 5 1/2 Csg w/ 15ski
					Pumped Total 360 ski
					Job Complete
					Thank you
					Scotty