

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

KANSAS CORPORATION COMMISSION 1349874  
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



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 09987 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB 2-28-17	DISTRICT 1718	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:		
CUSTOMER L.D. Drlg Inc		LEASE Shields 1-5				WELL NO.			
ADDRESS		COUNTY Sherman		STATE KS					
CITY		STATE		SERVICE CREW 1718					
AUTHORIZED BY		JOB TYPE: 242 New Well PTA							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
38119 19570	3						2-27	PM	12:00
90897 19598	3					ARRIVED AT JOB	2-27	PM	2:30
						START OPERATION	2-28	PM	
						FINISH OPERATION	2-28	PM	
						RELEASED	2-28	PM	
						MILES FROM STATION TO WELL			160

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
CP103	60-40 202		240sk		2880 -
CC200	Cement Gel		414 lbs		103 50
CC102	celloflake		60 lbs		222 -
CF153	wooden Plug 8 5/8		1 EG		160 -
E100	Pickup mileage 1way 1EG		100 mi		450 -
E101	Heavy Trk mileage 1way 2EG		200 mi		1500 -
E113	Propan Charge		1035 t/m		2587 50
CE204	Pump Charge 3001-4000'		1 EG		2160 -
CE240	Blending & Mixing Charge		240sk		336 -
5003	Service Supervisor		1 EG		175 -

CHEMICAL / ACID DATA:			

SUB TOTAL		Total	10,574 -
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL		Discounted Price	5498 48

SERVICE REPRESENTATIVE D Scott	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Mark Davis By D. Scott (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.

Customer <i>L.D. Dalg Inc</i>	Lease No.	Date <i>2-28-17</i>
Lease <i>Shields</i>	Well # <i>1-5</i>	
Field Order # <i>09987</i>	Station	Casing <i>898</i>
Type Job <i>PTA NW</i>	Formation	Depth <i>410</i>
		County <i>Sherman</i>
		State <i>KS</i>
		Legal Description <i>7.6.38</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>3.25</i>	<i>4.12</i>			<i>240 sk 60-40 ppg</i>				
Depth <i>410'</i>	Depth <i>3230</i>	From	To	Pre Pad <i>1.43 ft<sup>3</sup> 13.7 ppg</i>	Max	<i>500</i>		5 Min.
Volume	Volume <i>31.4</i>	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush <i>111 gal</i>	Gas Volume			Total Load

Customer Representative <i>Rick Wilson</i>	Station Manager <i>D Scott</i>	Treater <i>D Scott</i>
Service Units <i>1/4p</i>	<i>38119 19570 70897 19578</i>	
Driver Names <i>Scott C Hinz C Santos</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1700</i>					<i>Called Out</i>
<i>2230</i>					<i>On loc w/ Trks Safety Mtg</i>
<i>2410</i>		<i>300</i>	<i>15</i>	<i>4</i>	<i>1st Plug @ 3230 H2O Spacer</i>
<i>2413</i>		<i>300</i>	<i>12.7</i>	<i>4</i>	<i>mix 50 sk @ 13.7 ppg</i>
<i>2416</i>		<i>300</i>	<i>5</i>	<i>4</i>	<i>H2O Spacer</i>
<i>2418</i>		<i>200</i>	<i>37.4</i>	<i>8</i>	<i>Balance + Disp amt w/ mud</i>
<i>0120</i>		<i>200</i>	<i>15</i>	<i>4</i>	<i>2nd Plug @ 2300' H2O Spacer</i>
<i>0124</i>		<i>200</i>	<i>25.4</i>	<i>4</i>	<i>mix 100 sk @ 13.8 ppg</i>
<i>0130</i>		<i>200</i>	<i>5</i>	<i>4</i>	<i>H2O Spacer</i>
<i>0135</i>		<i>200</i>	<i>24.2</i>	<i>8</i>	<i>Balance + Disp amt w/ mud</i>
<i>0320</i>		<i>100</i>	<i>15</i>	<i>4</i>	<i>3rd Plug @ 495' H2O Spacer</i>
<i>0324</i>		<i>100</i>	<i>12.7</i>	<i>4</i>	<i>mix + Pump 50 sk @ 13.7 ppg</i>
<i>0327</i>		<i>100</i>	<i>3.7</i>	<i>4</i>	<i>Balance + Disp amt</i>
					<i>Solid Plug @ 40' w/ wooden Plug</i>
<i>0510</i>			<i>2.5</i>	<i>2</i>	<i>10 sk. amt</i>
<i>0515</i>			<i>7.6</i>	<i>2</i>	<i>30 sks R.H.</i>
					<i>Pumped 240 sk Total</i>
					<i>4% Gel 1/4 Cellflake</i>
					<i>Job Complete</i>
					<i>Thank you Scotty</i>