

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

KANSAS CORPORATION COMMISSION 1351893
 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

TTH-39

FIELD SERVICE TICKET

1718 14921 A



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

DATE _____ TICKET NO. _____

DATE OF JOB: <u>4/11/2012</u> DISTRICT: <u>Pratt, KS</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>LD Drilling, Inc</u>		LEASE: <u>Riebel</u> WELL NO.: <u>1-9</u>							
ADDRESS:		COUNTY: <u>Leone</u> STATE: <u>KS</u>							
CITY: _____ STATE: _____		SERVICE CREW: <u>Devin, McGraw, M. Clymer</u>							
AUTHORIZED BY:		JOB TYPE: <u>241/PTA</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>19843</u>	<u>3</u>						<u>4/11</u>	<u>PM</u>	<u>4:30</u>
<u>19862</u>	<u>1</u>						<u>4/11</u>	<u>PM</u>	<u>9:00</u>
							<u>4/11</u>	<u>PM</u>	<u>11:00</u>
							<u>4/11</u>	<u>PM</u>	<u>2:00</u>
							<u>4/11</u>	<u>AM</u>	<u>3:00</u>
						MILES FROM STATION TO WELL	<u>142</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: Petro Gorman
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>CP103</u>	<u>60/40 P02</u>	<u>SK</u>	<u>320</u>		<u>3,840.00</u>
<u>C2410</u>	<u>Cotton Seed Hulls</u>	<u>Lb</u>	<u>200</u>		<u>150.00</u>
<u>E100</u>	<u>Unit mileage Charge - Pratts, 3000 miles</u>	<u>Mi</u>	<u>100</u>		<u>450.00</u>
<u>E101</u>	<u>Heavy Equipment Mileage</u>	<u>Mi</u>	<u>200</u>		<u>1,500.00</u>
<u>E113</u>	<u>Proposat and Bulk Delivery charge per ton mile</u>	<u>TNm</u>	<u>1380</u>		<u>3430.00</u>
<u>CE205</u>	<u>Depth Charge 400' - 500'</u>	<u>hrs</u>	<u>1</u>		<u>2,520.00</u>
<u>E240</u>	<u>Blending & mixing Service Charge</u>	<u>SK</u>	<u>320</u>		<u>148.00</u>
<u>SC03</u>	<u>Service Supervisory first shift loc.</u>	<u>Eq</u>	<u>1</u>		<u>175.00</u>
					SUB TOTAL <u>12,533.00</u>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
D. Service TOTAL		<u>6,517.46</u>

DLS

SERVICE REPRESENTATIVE: Devin McGraw

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Petro Gorman
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Lease LD Drilling		Lease No.	Date 4/10/2017	
Lease Riebel		Well # 1-9		
Field Order # 4924	Station Pratt, KS	Casing 5 1/2	Depth	County Leone State KS
Type Job ZHI/PTA	Formation		Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
5 1/2	2 7/8						
Depth	Depth 4630	From	To	Pre Pad	Max		5 Min.
Volume	Volume 18	From	To	Pad	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol. 84.7	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative McNeal Kesseimann	Station Manager Doug Scott	Treater Deron Franklin
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Service Units	92911	84981	19843	70959	19862				
Driver Names	Deron	McGraw	McGraw	Clymer	Clymer				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:30 AM					ON LOCATION / safety meeting
					SK 60/40 P02, 4% Gel
					14.2 gpg, 1.33 vels, 6.16 water
					1st Plug -
11:00 AM	200		5	1	Loss Annulus - 20SK
					1st Plug - 4620'
		0	12	2	mix 50SK with HULLS
		200	15	2	Dispiser 15 bbls water.
					Shut down
					2nd Plug - 2100' Circulate to surface
	200		52	2	280 SK
	0		7	1	TOP OF 30SK
					Job Complete