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

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1362028

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:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:  SWD Permit #:  SWD Permit #:    ENHR Permit #:  Gas Storage Permit #:  Gas Storage Permit #:  SWD Permit #:  SWD 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)	County: Well #: 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 Plu	ugging Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of O	perator or Operator on a	bove-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.



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

### **FIELD SERVICE TICKET** 1718 13095 A

Astronomic Contractor						24	DATE TICKET NO			
DATE OF JOB 7-18-/					NEW OLD PROD INJ WDW CUSTOMER WELL WELL ORDER NO.:					
CUSTOMER Stelbar Oil Corp				ø	LEASE Dunn 1-29 WELL NO.					
ADDRESS				COUNTY	Fini	Ney STATE KS				
CITY STATE					SERVICE CREW 1/18					
AUTHORIZED BY					JOB TYPE: PTA Olw Z 411					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED			
84993-84983	2		17 A.				ARRIVED AT JOB			
38750-37547	2			1			START OPERATION PM 1515			
							FINISH OPERATION AM 1600			
						-	RELEASED PM 1630			
					•		MILES FROM STATION TO WELL 89			

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:\_

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT	AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOU	NT
CP 103	60140 202	(13)	-	145 sk		1740	-
CC 200	Coment Gel	(43)		250265		62	50
E 100	Pickup mi		lea	40 mi.		180	-
EIOI	Trik Milway	F	7 19	80 m.		600	-
E113	Bulk Delv Cl	16KG		250 +04/	ary .	-625	- eletere
CE202	Pump Charge	7001- 2000'	124	4 hrs	1	. 1500	-
0E 240	Blending + M	liging Charge	195	ski		203	-
5003	Serv Supu C	harce		129		175	witten
and the second							
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en production de la companya de la c							102
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	×						- 10-22
					SUB TOTA	L	1
CHE	MICAL / ACID DATA:			Total		5085	50
1		SERVICE & EQUIPM	IENT		K ON \$		
		MATERIALS		%TA)	KON\$		
				17	TOTA	L 2090	03
		UI3	5004	nted P	rice w	a 111	P21
			<		1		
SERVICE REPRESENTATIV	E DL Scott	THE ABOVE MATERIAL AND SERVI ORDERED BY CUSTOMER AND RE		BY:			
FIELD SERVICE C		()	WELL OV	VNER OPERAT	OR CONTRACTOR (	OR AGENT)	

CLOUD LITHO - Abilene, TX



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

## **FIELD SERVICE TICKET** 1718 13095 A

PRESSU		PING & WIRELINE					DATE TICKET NO		
DATE OF JOB DISTRICT							PROD INJ WDW CUSTOMER ORDER NO.:		
CUSTOMER					LEASE	11.11.14	WELL NO.		
ADDRESS					COUNTY STATE				
CITY STATE					SERVICE CREW /////				
AUTHORIZED BY					JOB TYPE: PT & Glu Z 41				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED DATE AM TIME		
2213.00 - 1.000	2						ARRIVED AT JOB		
53702 * 1.44	Lan						START OPERATION		
uli na katalang kanang na kata	· kein	a santa fi			1999 - 1999 - A	and a set	FINISH OPERATION		
				la de de l			RELEASED AM		
							MILES FROM STATION TO WELL		

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:\_

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVI	CES USED UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	NT
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				SUB TOTAL		1.1
CHE	MICAL / ACID DATA:		Total		50.85	50
		SERVICE & EQUIPMENT	%TAX	the second s		
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		A STATE	in	TOTAL	2797	07
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SERVICE REPRESENTATIV	E ORDERED F	MATERIAL AND SERVICE	BY:		na an a	2.4-1
FIELD SERVICE C	PRDER NO.	(WELL OV	VNER OPERATOR	R CONTRACTOR OR	AGENT)	

CLOUD LITHO - Abilene, TX



## TREATMENT REPORT

Customer	bar C	VI Co	۳Ð	Lease No.		1		Date			• 
Lease	n N n		1	Well #	1.79	~		5	-18-	1+7	
Field Order #	Statio	n			Casing	LIII2 Dept	า	County	101		State
Type Job	PTA	1 46		a K		Formation	1	/ /	Légal D	escription	
PIPE	DATA	PER	FORATI	NG DATA	FLUID	USED		TRE		RESUME	
Casing Size	Tubing Si	ze Shots/F	-t	, i	Acid	c. I			ESS	ISIP	
Depth	Depth	From	1	Fo 2087	Pre Pad 60.40 T		Max		0.0	5 Min.	
/olume	Volume	From	1	Го	Pad		Min			10 Min.	
Aax Press	Max Pres	From		01198	Frac		Avg	ω.	ð.	15 Min.	
Vell Connectior		From	1	Го	street.		HHP Used	1		Annulus P	ressure
lug Depth	Packer De	From	1	ō	Flush Hz	0	Gas Volur	ne	1	Total Load	
Sustomer Repr	esentative -	Ty		Station	Manager (	Urster	Man	Treater	DSO	:04	-
	lop	84993	8998	3 3879	50 37547				2		
Driver James	Scott	R	Garci	9 WSc	hmidikofe	1					
Time	Casing Pressure	Tubing Pressure	Bbls. F	Pumped	Rate			Ser	vice Log		
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