

**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

#### 1366416

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

Spot Description:   Spot	OPERATOR: License #:			AP	I No. 15						
State   Zip   Feet from   North /   South Line of Section   Street Feet from   Street Feet from   Street Feet from   Street Feet Feet Feet Feet Feet Feet Feet				I							
City:	Address 1:			_		Sec Tv	vp S. R.	East We			
Contact Person:    Fhone (	Address 2:			_		Feet from	North /	South Line of Section			
Phone (	City:	State:	Zip: +	_	Feet from East / West Line of Section						
Type of Wellt; (Check one)	Contact Person:			Foo	otages C	alculated from Neare	st Outside Sect	tion Corner:			
Water Supply Well Other: Gas Storage Permit #: Lease Name: Well #: Lease Name: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (MCC District Agent's Name) Producing Formation (s): List All (if needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Depth to Top: Depth to Top: Depth to Top: Bottom: T.D. Depth to Top:	Phone: ( )					NE NW	SE SV	V			
Water Supply Well   Other:	Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic Co	ııntv.						
ENIR Permit #:	Water Supply Well	Other:	SWD Permit #:		·						
As ACC-1 filed?	ENHR Permit #:	Gas Sto	orage Permit #:								
Depth to Top:	Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes			•					
Depth to Top:	Producing Formation(s): List /	All (If needed attach anothe	r sheet)	by:			(K(	CC <b>District</b> Agent's Nam			
Depth to Top: Bottom: T.D. Plugging Completed:  Depth to Top: Bottom: T.D. Plugging Completed:  Depth to Top: Bottom: T.D. Plugging Completed:  Show depth and thickness of all water, oil and gas formations.  Oil, Gas or Water Records Casing Size Setting Depth Pulled Out  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 zeroent 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: Zip: +	Depth to	o Top: Botto	om: T.D								
Show depth and thickness of all water, oil and gas formations.  Oif, 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 sement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #:  Address 1:  Address 2:  City:  State:  Zip:  +  Name:  Name of Party Responsible for Plugging Fees:  State of  County,  , ss.	Depth to	o Top: Botto	om: T.D								
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 zement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #:  Address 1:  Address 2:  City:  State:  Zip:  +  Phone: ()  Name of Party Responsible for Plugging Fees:  State of County,, ss.	Depth to	o Top: Botto	om:T.D		gging Ct	ompieted					
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Formation   Content   Casing   Size   Setting Depth   Pulled Out	Show depth and thickness of	all water, oil and gas form	ations.								
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Plugging Contractor License #: Name:	Formation	Content	Casing	Size		Setting Depth	Pulled Out				
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City:	33 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
Phone: ( )	Address 1:			Address 2:							
Name of Party Responsible for Plugging Fees:	City:			Sta	.te:		Zip:	+			
State of, ss.	Phone: ( )										
	Name of Party Responsible for	or Plugging Fees:									
	State of	County, _		, ss	S.						
		•			_						

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.

(Print Name)

s Testing & Salvage Inc.

DBA Kelso Well Service P.O. Box 467 Chase, KS 67524

## **Invoice**

Date	Invoice #
8/21/2017	15972

Lease

\$4,071.56

		1 .0.110.				
		Felix - Rig #1	Barton	Barnes 1-21		
Qty	Description		Rate	Amount		
	Hours Rig Time Casing Knife Sacks Cement Sand  8-7-17 Moved to location, set in rig and rigged up. hole, T.D. @3540'. 1 Hour  8-8-17 Sanded off bottom to 3250' and dumped 5 s Dug out cellar and pit, set in casing jacks, p casing loose @2500', pulled up to 1450', si  8-9-17 Rigged up cement trucks, pumped 125 sack @1450', pulled up to 900', pumped 60 sack hulls, pulled up to 600', pumped 50 sacks 6 pulled up to 300' and circulated 115 sacks Laid down rest of casing, tore down floor a complete. 6 Hours.  KCC On Location: Bruce Rodie Sales Tax	acks cement with bailer bulled 23" of stretch. Co nut down. 10 Hours. as 60/40 pos w/200# hulls as 60/40 pos w/100# as 60/40 pos w/100# as 60/40 pos to surface.	35 1 4 d	5.00 0.00 6.50 0.00 40.00T 50% 3,315.00T 82.50T 40.00T		

P.O. No.

County

Total



# FIELD SERVICE TICKET

1718 15316 A

PRESSURE PUMPING & WIRELINE			DATE	TICKET NO			
DATE OF 8-9 DISTRICT PLATT	NEW □ OLD □ PROD □ INJ □ WDW □ CUSTOMER ORDER NO.:						
CUSTOMER LD PAILING IN	LEASE BACKES WELL NO.  -7						
ADDRESS		911		STATE	15	*	
CITY STATE	SERVICE CREW	_					
AUTHORIZED BY	008 111 21	2-41		to ABA			_
	UIPMENT# H	HRS	TRUCK CALI			1	
27467×2			ARRIVED AT	0	9.		_
73768 X. C			START OPE			AM / ?	46
7710071,			FINISH OPE	RATION		AM 2	15
			RELEASED			AM PM 3 3	K.
			MILES FROM	A STATION TO V	VELL	65	
CONTRACT CONDITIONS: (This contract must be signed to execute this contract as an agent of the customer. products, and/or supplies includes all of and only those terms and conditions appearing to become a part of this contract without the written consent of an officer of Basic Energy S	As such, the undersign the front and back of	ned agre f this doc	es and acknowl ument. No addit	edges that this con	erms a	and/or conditions	snaii
ITEM/PRICE MATERIAL, EQUIPMENT AND SERVICES U	SED	UNIT	QUANTITY	UNIT PRICE		\$ AMOUN	
CP 103 60/40 POZ		31	350			4,200	0
				7			
1( 700 (MT Ge)		16	602			150	54
62410 (OTTOM SEEP HUIL)		15	LIN			300	01
				T T T			
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to 101 Heavy ey, miles		MI	130	1		975	00
E113 Prof + bulk dal		TM	978	1		1,500	67
(e 207 delth charge 1001-2000'		44	7->			490	00
Cezuu blend + mix		SK eA	350	1		175	00
SOUS Supervisor			-	1		1 ( )	
						***	
						7.5	- 2
	SUB TOTAL 0,52						63
CHEMICAL / ACID DATA:						10,200	
	ERVICE & EQUIPM	MENT	%TA	X ON \$		10,500	
S	ERVICE & EQUIPM	MENT		X ON \$	TAL.	10,500	

REPRESENTATIVE MIKE MATTOL

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

WELL OWNER OPERATOR CONTRACTOR OR AGENT)



### TREATMENT REPORT

	85														
Customer	Drill	ing j	00	Lease No	).				Date	C . O	1 17				
Lease	BALLE)			Well #	]	-21				0-7	1-17				
Field Order	Station	PIAT				Casing (	Depth Depth	1450.	County	BAIT		State US			
Type Job	5-41			Abando	J ^		Formation	1		Le	gal Description	1			
PIP	E DATA	PER	FORAT	ING DATA		FLUID (	JSED		T	REATME	NT RESU	ΛΙΕ			
Casing Size	Tubing Siz	ze Shots/	Ft		A	id" 350	SUS 6	6/00	RATE	PRESS	JSIP				
Depth 145	Depth	From	21	То	Pi	re Pad 4	20 5=1	Max		5 Min.					
Volume <sub>345</sub>		From		То	Pa	ad		Min			10 Min.				
Max Press	Max Press			То	Fr	ac	4	Avg				15 Min.			
Well Connecti	on Annulus V	ol. From	IE CHES	То			W	HHP Use	d		Annuli	us Pressure			
Plug Depth	Packer De	epth From		То	FI	ush		Gas Volu	me	4	-oad				
Customer Rep	presentative	MACKI	JAV.S	Statio	n Ma	nager Wr	STEVMA	^	Treate	er M47	TAI				
Service Units	83353		276	163		19960	73768								
Driver Names	MATTA		050	317		丁ロ	Se								
Time	Casing Pressure	Tubing Pressure	Bbls.	Pumped		Rate			Service Log						
11:40	- TRP	The state of the s						ON lucation/ surry meeting							
						4	157	Plus	@ /	450	/	×			
12:27	100		3	2		5	175 3K, 60/40 PUZ WITH ZWH HALL								
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*	V						7 nd Play @ 900 FT								
1:5 3	100		1	5		4	Mix 60 sus 60/40 por n 2004 Hulls								
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