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

1368263

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 #:	API No. 15
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) Depth to Top: Bottom: T.D.	County: Well #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Plug
Deptn to lop: Bottom: I.D	

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:	_ Name:								
Address 1:		Address 2:									
City:		State:	Zip:	+							
Phone: ()											
Name of Party Responsible for Pl	ugging Fees:										
State of	County,	, SS.									
	(Print Name)	Employee of Operato	or or Operator on	above-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.

EN PRESS		SIC P.O. Prat	14 NE F Box 86 t, Kans ne 620-0	as 67124 672-1201	38) 27W		FIELD SERVICE TICKET 1718 15252 A DATE TICKET NO			
DATE OF 8/22	12017	DISTRICT Proze	NS.				PROD INJ WDW CUSTOMER ORDER NO.:			
CUSTOMER LD	Dr	11ing , Fre			LEASE CL	1621	S Weeks WELL NO. 1-1			
ADDRESS					COUNTY LENE STATE KS					
CITY		STATE			SERVICE CREW Decin, McGray, Pocky					
AUTHORIZED BY					JOB TYPE:	A COMPANY AND A	PTA			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQU	JIPMENT#	HRS	TRUCK CALLED			
19843	3						ARRIVED AT JOB 8/12 AR 9/30			
2100	3/4						START OPERATION SIZE MILLOO			
				-		-	FINISH OPERATION 8/22 2:00			
							RELEASED 8/2200 3.00			
							MILES FROM STATION TO WELL 164			

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.)er SIGNED: 1

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICE	ES USED	UNIT	QUANTITY	UNIT PRICE	:	\$ AMOUN	IT		
CPIOO	Common Coment		SK	120	war		1.920	00		
CP103	60/40 202			150	/		1.1.			
CC 200	Cement Gel		1.h	258	and the second se	-	1 2 1			
C.2410	Cotton Seen Hulls		Lb	200				-		
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E113		Screet Oriteria	tul	19.70	8	3	1			
CE205	Depin Cherse's 4,001' -5,000'	11 Jan, personnia	Hbs	y an ope	8	3	1			
CEZHO	Blending & Mixing Service C			270	1	-				
5003	Service Supervisor, Pirst Shis		10	1	3			ÓŎ		
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		SK ISO ISO ISO Lb 258 64 50 Lb 200 ISO 60 Mri 100 450 60 Mri 100 1,560 60 Mri 100 3,025 60 Mri 1 1,572 50 Mri 1 1,572 50 Mri 1 1,572 50 Mri 1 1,572 50 SUB TOTAL 11,982 50 SERVICE & EQUIPMENT %TAX ON \$ 10 MATERIALS %TAX ON \$ 10								
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SERVICE REPRESENTATIV		ATERIAL AND SERVI		BY: De	nd	W	alpe			
FIELD SERVICE C	DRDER NO.	(\	WELL OV	VNER OPERAT	OR CONTRACTOR	OR AG	ENT)			



TREATMENT REPORT

Customer 20	Drin	0.5	Inc		Lease No.							1	1	125			
Lease Cur		ieel			Well # /~)						8/22/2017						
Field Order #	Static	no		iks			Casing	11/2	Depth		County		ess 1	Igne	St	ate /CS	
Type Job Za	41/F	TA						Fo	rmation				Legal D	Description		165-2	
PIPE	DATA		PER	FORATIN	NG DATA FLUID USED						TREATMENT RESUME						
asing Size	Tubing S	ize	Shots/F	-t		Acid				1	RATE PRESS			ISIP			
epth	Depth 42	100	From	т	D	Pre Pad				Мах				5 Min.			
olume	Volume		From	Т	0	Pad				Min				10 Min.			
ax Press	Max Pres		From	Т	5	Frac				Avg				15 Min.			
ell Connection	Annulus	Vol.	From	Т	D					HHP Used	d			Annulus Pressure			
ug Depth	Packer D		From	Т		Flus	Fresh	WSJ	er	Gas Volum	ne	Тс			Total Load		
istomer Repre	sentative	Ser	512	WS / Ice	<pre> Station Station</pre>	n Mana	ger Jus	din	west	leimsn	Trea	ter D	grin	Frenk	clin	,	
rvice Units 7	2911	84		19843	7085	9	21010										
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Taylor Printing, Inc. 620-672-3656