

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

1369607

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.

(Print Name) ☐ Employee of Operator 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.

Submitted Electronically



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

1718 13989 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>9/29/17</u> DISTRICT				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 <u>Voss Oil Corporation</u>				LEASE <u>Comau B</u> WELL NO. <u>1</u>					
ADDRESS				COUNTY <u>Rock</u>		STATE <u>KS</u>			
CITY		STATE		SERVICE CREW <u>Scall, Chuck, Ryan</u>					
AUTHORIZED BY <u>Terry</u>				JOB TYPE: <u>Plugging Abandonment</u> <u>292</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM PM	TIME
<u>86779</u>	<u>1.5</u>					ARRIVED AT JOB	<u>9/29/17</u>	<u>AM</u> <u>PM</u>	<u>5</u> <u>30</u>
<u>75768</u>	<u>.4</u>					START OPERATION	<u>9/29/17</u>	<u>AM</u> <u>PM</u>	<u>11</u> <u>30</u>
						FINISH OPERATION	<u>9/29/17</u>	<u>AM</u> <u>PM</u>	<u>3</u> <u>45</u>
						RELEASED	<u>9/29/17</u>	<u>AM</u> <u>PM</u>	<u>4</u> <u>30</u>
						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)

[illegible]

SUB TOTAL

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL		6,787	71

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
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FIELD SERVICE ORDER NO.

Customer VCS Oil Corporation		Lease No.		Date 9/29/17	
Lease 139894		Well # 1			
Field Order # 139894	Station Pratt	Casing 4 1/2" DI	Depth 15	County Pratt	State KS
Type Job Plug to Abandon			Formation	Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
4 1/2" DI							
Depth	Depth	From	To	Pre Pad	Max		5 Min.
Volume	Volume	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	Gas Volume		Total Load

Customer Representative	Station Manager Justin Washburn	Treater Scott Curran
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Service Units	78480	79527	86775	1996.3	73768					
Driver Names										

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:30					On Location Safety Meeting
					3466'
11:30	480			5	Pump 1170 Spacer
11:33	750		15	5	Start Cement 50 strokes 60/46 PC
11:36	150		12.73	5	Start Displacement
11:45	0		45.25	0	Shut down
					1200'
1:12	200			5	Pump 1170 Spacer
1:18	200		10	5	Start Cement 50 strokes 60/46 PC
1:18	30		12.73	5	Start Displacement
1:20	0		13	0	Shut down
					700'
1:40	200			4	Pump 1170 Spacer
1:43	200		8	4	Start Cement 100 strokes 60/46 PC
1:49	100		25.46	4	Start Displacement
1:50	0		3	0	Shut down
					300'
2:09	100			4	Pump 1170 Spacer
2:10	150		5	4	Start Cement 50 strokes 60/46 PC
2:13	50		12.73	4	Start Displacement
2:15	0		1.5	0	Shut down

[illegible]