

**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

**WELL PLUGGING RECORD**  
K.A.R. 82-3-117

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.

(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



The logo for Basic Energy Services. It features the word "BASIC" in a large, bold, black, sans-serif font. A small "SM" is in the top right corner of the letter "C". Below "BASIC" is the word "ENERGY SERVICES" in a smaller, black, sans-serif font. At the bottom is the text "PRESSURE PUMPING & WIRELINE" in a black, sans-serif font.

## PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 13989 A

DATE      TICKET NO. \_\_\_\_\_

**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: 

(WE) OWNER, OPERATOR, CONTRACTOR OR AGENT)

**SUB TOTAL**

**CHEMICAL / ACID DATA:**

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
	TOTAL	6777 71

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

(WELL OWNER/OPERATOR/CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer WES Oil Corporation	Lease No.	Date 9/29/17			
Lease Pratt 13	Well # 1				
Field Order # 13989A	Station Pratt KS	Casing 1000 ft	Depth	County Rooks	State KS
Type Job Plug in Abandon	Formation		Legal Description		

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size 1000 ft	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
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	Treater
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Service Units	73480	73480	50,775	1980	3	73480					
Driver Names											

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log		
5:30					On location. Safety meeting for 34661		
11:30	180			5	Pump H2O Spacers		
11:33	150		15	5	Start Cement 50 lbs @ 1000 ft		
11:36	150		1273	5	Start Displacement		
11:48	0		45.25	0	Shut down 1200'		
11:52	200			5	Pump H2O Spacers		
11:55	200		10	5	Start Cement 50 lbs @ 1000 ft		
11:58	300		12.73	5	Start Displacement		
12:00	0		13	0	Shut down 700'		
12:00	200			0	Pump H2O Spacers		
12:12	200		8	0	Start Cement 100 lbs @ 1000 ft		
12:19	300		25.46	0	Start Displacement		
12:20	0		3	0	Shut down 300'		
12:29	100			0	Pump H2O Spacers		
13:10	150		7	0	Start Cement 50 lbs @ 1000 ft		
13:13	30		17.7	0	Start Displacement		
13:15	0		1.5	0	Shut down		

# **BASIC** *energy services, l.p.*

## TREATMENT REPORT

Customer <i>WES Oil Corporation</i>	Lease No.	Date			
Lease <i>Parcels B</i>	Well # <i>1</i>	<i>Feb 11 19</i>			
Field Order # <i>10301</i>	Station <i>Point No</i>	Casing <i>4 1/2 in</i>	Depth	County <i>Reeds</i>	State <i>KS</i>
Type Job <i>Run to Shadon</i>	242	Formation	Legal Description		

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
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 Treater

Service Units 78-82 8673 10-13 7874  
Driver Names S. M. K. T. J. L. —

Names	Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
						for rate
3:30	8				3	Start Casing 1 36.843 60.000
3:32	7			714	8	Start clean Water hole
3:33	9				3	Start Casing 18.873 60.000
3:37	9			3.8	6	Start clean 40'
3:40	8				3	Start Casing 10.572 60.000
3:45	6			2.84	6	Start clean. Circulated to surface Break up formation Int. Comp. tool
4:00						