

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

KANSAS CORPORATION COMMISSION 1373179
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009
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.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

TMH 36

FIELD SERVICE TICKET
1718 15418 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10/30/17		DISTRICT: 1718		NEW WELL <input type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:						
CUSTOMER: 51016		LEASE: R 436		WELL NO.:						
ADDRESS:		COUNTY: 504		STATE: KS						
CITY:		STATE:		SERVICE CREW: 1718						
AUTHORIZED BY:		JOB TYPE: 11 well PTA 241								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
38750 11892	2						10/30			
26877 11805	3						10/30			
							10/30			11:00
							10/30			1:30
							10/30			1:40
										75

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	\$ AMOUNT
01163	60 40 pipe		150 ft		2160 -
00200	Concrete		310 lb		99 50
02910	Oil		200 lb		90 -
E101	Truck mileage	200	130 mi		1175 -
CF240	Blowdown to dry string		100 ft		252 -
E11	Bulk Oil		100 gal		1453 12
CF202	Pump change 1001 2000		3 46		1500 -
E100	Pick up mileage	100	45 mi		337 50
5003	Service Sump change		100 56		175 -
T105	Notes preparation		1 hr		550 -

CHEMICAL / ACID DATA:			

SUB TOTAL		7700 13
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		4235 01

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer Stelhar	Lease No.	Date 10-30-17			
Lease Reifscheider	Well # 1				
Field Order # 15418	Station 1718	Casing 5 1/2	Depth 1626	County Scott	State KS
Type Job PTA Oldwell	Formation	Legal Description 16-18-31			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid 180 sk. 60-40	RATE	PRESS	ISIP	
Depth 1626	Depth	From	To 1600	Pre Pad 2oz 4% Gel	Max	500	5 Min.	
Volume	Volume	From	To 390	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 H2O	Gas Volume		Total Load	

Customer Representative Ty Lunn	Station Manager Westerman	Treater D Scott
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Service Units Vad	35750	19842	70897	19808					
Driver Names Scott	Ruben	Martinez	Josef	Martinez					

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
0500					Called Out
0800					On loc w/Trks Safety mtg
1200	500		38	3	Set CTBP @ 1626 psi Test Hold
1225					Perforated 1600' + Est Rate
1237	400		21.3	3	Mix 80sk. @ 13.5 ppq w/200 Lbs Hulli
1244	450				St Disp w/H2O
1248	500		27.4	4	Shut down Leave 40sk. In Psg
					Perforate @ 390' Est Good Circ
1112	200		26.7	2	Mix 100 sk. @ 13.5 ppq Cont @ Surface
					Hole Staying Full of Cont
					Pumped Total 180sk.
					60-40 poz 4% Gel
					Job Complete
					Thank you
					Scotty