Kansas Corporation Commission Oil & Gas Conservation Division

Form CP-4

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

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

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:			<b> </b> AP	Pl No. 1	5							
Name:				Spot Description:								
Address 1:			_	SecTwp S. R East W								
Address 2:			_	Feet from North / South Line of Section								
City:	State:	Zip: +	_	Feet from East / West Line of Section								
Contact Person:			Fo	Footages Calculated from Nearest Outside Section Corner:								
Phone: ( )				NE NW SE SW								
Type of Well: (Check one)		OG D&A Cathodic	Co	County: Well #:								
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:								
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes	I I	The plugging proposal was approved on: (Date)								
Producing Formation(s): List A	II (If needed attach another	sheet)	by:			(KCC <b>District</b> Agent's Name)						
Depth to	Top: Botton	m: T.D	<sub>Pli</sub>	ıaaina (	Commenced:							
Depth to	Top: Botto	m: T.D		00 0								
Depth to	Top: Botto	m:T.D		agging '	Completed.							
Show depth and thickness of a	all water, oil and gas forma	ations.										
Oil, Gas or Water	Records		Casing Reco	Record (Surface, Conductor & Production)								
Formation	Content	Casing	Size		Setting Depth	Pulled Out						
cement or other plugs were us		•	•			ds used in introducing it into the hole. If						
Plugging Contractor License #	::		Name:	e:								
Address 1:			Address 2:									
City:			Sta	ate:		Zip:+						
Phone: ( )												
Name of Party Responsible for	r Plugging Fees:											
State of	County, _		, s	is.								
			Γ	Em	nployee of Operator or	Operator on above-described well,						
	(Print Name)			'	ipioyee of Operator of	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.



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

# FIELD SERVICE TICKET

1718 15494 A

			MPING & WIRELINE	one 020-072	2-1201			DATE	TICKET NO	D				
DATE OF JOB ///	DISTRICT Libers	NEW ☐ OLD ☑ PROD ☐ INJ ☐ WDW ☐ CUSTOMER ORDER NO.:												
CUSTOMER		LEASE Z / I KIE WELL NO. 1-												
ADDRESS		COUNTY Figurey STATE KS												
CITY	STATE	SERVICE CREW Derin, Prosel, Sent 950												
AUTHORIZED B		JOB TYPE: Z41/PTA												
EQUIPMENT	Γ#	HRS	EQUIPMENT#	IPMENT#	HRS	TRUCK CAL	LED	DA	TE AM TII	ME 30				
19919		1/2			ARRIVED AT JOB									
1.000					START OPERATION /// AM 3.0									
						***	FINISH OPERATION							
								RELEASED		11/1	AM 4:3	36		
								MILES FROM	M STATION T	O WEL	1 90			
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, mater 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 a become a part of this contract without the written consent of an officer of Basic Energy Services LP.  SIGNED:  (WELL OWNER, OPERATOR, CONTRACTOR OR AGE											s shall			
ITEM/PRICE REF. NO.	,		MATERIAL, EQUIPMENT	AND SERVIC	CES USE	D	UNIT	QUANTITY	UNIT PR	IICE	\$ AMOUN	IT		
CL103	-	140	POZ (L)				SK	110		.i.	1320	00		
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THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE

REPRESENTATIVE



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

#### FIELD SERVICE TICKET

1718 15494 A

	PRESSI	URE PU	MPING & WIRELIN	VE					DATE	TICKET	NO						
DATE OF JOB	100	17.	DISTRICT /	n		NEW ☐ OLD PROD ☐ INJ ☐ WDW ☐ CUSTOMER ORDER NO.:											
CUSTOMER		LEASE Z WELL NO. 1 2															
ADDRESS		COUNTY STATE /															
CITY STATE							SERVICE CREW ) Company School School										
AUTHORIZED BY								JOB TYPE: 241/ PTA									
EQUIPMENT	IPMENT# HRS EQUIPMENT# HRS EQUI							HRS	TRUCK CALLED DATE AM TO								
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I was projected at the	4								MILES FROM	M STATION	TO WEL	L 90					
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SERVICE	The San	7	4		THE ABOVE	MATER	IAL AND SERV	/ICE				11	7				

ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

REPRESENTATIVE



### TREATMENT REPORT

Customer Steiber						Lease No.							Date						
						Well # 1-24							11/1/2017						
Field Order #	Statio	n J	198	PIK	L.h	heis 1 //c Casing Dept					ı	Count	y Fi	oner	State Ks				
Type Job	41/5	271	Э			,			Fo	rmation				Legal De	escription	14-2	1/3 . 33		
PIPE	TING	NG DATA FLUID USED					TREATMENT RESUME												
Casing Size	Tubing Si	ize	Shots/F	-t		Acid						RATE	PRE	SS	ISIP	ISIP			
Depth <sub>//50</sub>	Depth		From		То		Pr	e Pad			Max			-					
Volume	Volume		From		То	Pad			7		Min				10 Min.				
Max Press	Max Pres		From		То	Frac					Avg				15 Min.				
Well Connection			From		То						HHP Used		Annulus			Pressure			
Plug Depth	Packer D	· 1	From		То	Flush Fresh			hwch	-6	Gas Volum		Total Load			i			
Customer Repr	esentative	Tys	on			Station Manager			- D	cuis	,	Trea	iter I	)91.n	Franklin				
Service Units	Service Units 929/1 38/17 19			1991	15	708	97	19808											
Driver Names	Dorm Casing		Sei				So	Sept. 491	0						*				
Time	Pressure		Tubing Pressure Bbls. Pump					Rate	Service Log										
						-				110sk 60/40 POZ 40/0621									
							Ti .	13	13.5 pps , 1.50 vells, 250 water										
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