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

1373187

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 Plu
Depth to Top: Bottom: T.D	Plugging Completed:

Show depth and thickness of all water, oil and gas formations.

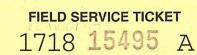
Oil, Gas or Water	Records	Casing Record (Surface, Conductor & Production)								
Formation	Content	Casing	Size	Setting Depth	Pulled Out					

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.





PRESS	JRE PUM	IPING & WIRELINE					DATE TICKET NO			
DATE OF 11/1/20	17	DISTRICT L'beisi	ks			PROD INJ WDW CUSTOMER ORDER NO.:				
CUSTOMER Ste	Ibsr			LEASE US	sn /	Allen WELL NO. /				
ADDRESS			•	COUNTY Finney STATE /CS						
CITY		STATE			SERVICE CREW DSG. A Posel, Scotisso					
AUTHORIZED BY	100		F		JOB TYPE: ZUI/ PTA					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED			
17918	3	Labora Anna					ARRIVED AT JOB			
19808	1/2-						START OPERATION 11/1 PM 9:30			
a second second second						-	FINISH OPERATION 111, M 2:30			
							RELEASED 11/1 PM 2:30			
			1.1				MILES FROM STATION TO WELL 90			

10244 NE Hwy. 61 P.O. Box 8613

Pratt, Kansas 67124 Phone 620-672-1201

TMR=33

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)									
				1							
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERV	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	VT					
CL103	60140 POZ (L)		SK	150-		11.800	00				
11200	Cement Ger (L)	iya kuludi teriya b	Lh	258		64	50				
C2410	Cotton Seed Huns (L)		45	50		17	50				
Elol	Hesuy Equipment Milesse	a de se	mi	10	<i>I</i> —	75	00				
CE 240	Blennins & Mirins Service Chers	2	SK	1.50	1	210	00				
E113	PICPPERS SAN BUIK Peliver Cheis		Inly	32	1	80	00				
CE202	Depin Chrise' 1001-2.000		4his	1 1	1.	1500	00.				
F100	Unit milesse Cherse, - Pickups, Small	USIS & Cons	mi	5	i kan sa	22	50				
5003	Service Superviser, Pirsi & his		Es)		175	00				
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REPRESENTATI	re Van Jucan ORDERED	BY CUSTOMER AND RE	and the states	1 who	- H /1	Plleman					
FIELD SERVICE	ORDER NO.		(WELL O	WNEB OPERAT	OR CONTRACTOR OF	R AGENT)					



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

FIELD SERVICE TICKET 1718 15495 A

		PING & WIRELINE					DATE	FICKET NO			-		
DATE OF	17		ks.							TOMEF	₹ .:		
CUSTOMER 57	1650				LEASE USA DUCA WELL NO. /								
ADDRESS					COUNTY STATE								
CITY		STATE											
AUTHORIZED BY					JOB TYPE: ZUIT PIP								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLE	D	DATE	AM	TIME		
19868	3/2						ARRIVED AT J	ОВ	11/1	AM	\$ 30		
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				1.914 9 24			MILES FROM S	STATION TO	O WELL	90	0		

TMR=33

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 OWN	ER, OPERATOR, C	ONT	RACTOR OR AG	ENT)
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT	AND SERVICES USED			QUANTITY	UNIT PRICE		\$ AMOUN	т
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SERVICE REPRESENTATIV			ATERIAL AND SERV		DV	4)	11	
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FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer Sleibsr						Lease No.							Date									
Lease						Well #						11/1/2017										
Field Order # Station Pipers1						Casing _{41/2} Depth						County Finney State Ks							25			
Type Job ZHI/PIA									Fo	rmation		Legal Description								3		
PIPE DATA PERFORATIN			ING	DATA		FLUID I	JSED					TREA	TMEN	TR	ESUN	1E						
Casing Size	Tubing S	ize	Shots/F	=t			Acid						ATE	PRE	SS	ISIP						
Depth	Depth		From		То		Pre	Pad	r		Max						5 Min.					
Volume	Volume		From		То		Pad				Min			-		-	10 Min.					
Max Press	Max Pres	SS	From		То		Frac				Avg						15 Min					
Well Connecti	on Annulus	Vol.	From		То						HHP U	sed				/	Annulu	s Pres	sure			
Plug Depth	Packer D		From		То	а.,	Flus	1115h	WCH	° 6-	Gas Vo	lume	e			1	Total Lo	ad				
Customer Re	presentative	ty.	Son			Station	Mana	ger tyc	e Devis				Treater Do)900)scin Ersn			ŝ			
Service Units	92911	38	117	1991	9	70 89	57 1	9808												2 2		
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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383