

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
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



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1003238	1718	01/09/2018
INVOICE NUMBER			
92608459			

Pratt (620) 672-1201
 B PINTAIL PETROLEUM LTD
 I 225 N MARKET ST STE 300
 L WICHITA
 L KS US 67202
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Dewey 3
 O LOCATION
 B COUNTY Kingman
 S STATE KS
 I JOB DESCRIPTION Cement-Casing Seat-Prod W
 T JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41080409	20920		Net - 30 days	02/08/2018

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 01/08/2018 to 01/08/2018</i>				
0041080409				
171816220A Cement-Casing Seat-Prod W 01/08/2018 Cement PTA				
Common Cement	140.00	EA	8.80	1,232.00 T
Calcium Chloride	200.00	EA	0.58	115.50 T
Cement Gel	1,000.00	EA	0.14	137.50 T
Sugar	100.00	EA	2.75	275.00 T
"Unit Mileage Chg (PU, cars one way)"	50.00	MI	2.48	123.75 T
Heavy Equipment Mileage	100.00	MI	4.13	412.50 T
Proppant & Bulk Del. Chgs., per ton mil	330.00	EA	1.38	453.75 T
Blending & Mixing Service Charge	140.00	BAG	0.77	107.80 T
Depth Charge; 501'-1000'	1.00	EA	660.00	660.00 T
"Service Supervisor, first 8 hrs on loc.	1.00	EA	96.25	96.25 T

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,614.05
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	289.12
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	3,903.17
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

77 MH
30

FIELD SERVICE TICKET
1718 16220 A

DATE _____ TICKET NO. _____

DATE OF JOB: 1-8-18		DISTRICT: Pratt		NEW WELL <input type="checkbox"/> OLD WELL <input checked="" type="checkbox"/>		PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:	
CUSTOMER: P. NITAI Petroleum				LEASE: Dewey				WELL NO. 3	
ADDRESS:				COUNTY: Kingman				STATE: KS	
CITY:				STATE:				SERVICE CREW: MATTAI MAIGU-2 Wheatley	
AUTHORIZED BY:				JOB TYPE: 2-41 Plus to ABANDON					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
20920	2.5						1-8-18		8:00
						ARRIVED AT JOB		AM/PM	12:15
						START OPERATION		AM/PM	1:05
19918	.5					FINISH OPERATION		AM/PM	4:05
						RELEASED		AM/PM	4:45
						MILES FROM STATION TO WELL			50

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: *Kelly Shmedley*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP100C	Common CRT	SK	140		2,240.00
CC109	Calcium chloride	lb	200		210.00
CC200	CMT 9-1	lb	1,000		250.00
CC131	Sugar	lb	100		500.00
E100	P. N. Mile	mi	50		225.00
E101	Heavy eq mile	mi	100		750.00
E113	Prod + bulk d-1	PM	330		825.00
CC201	Drugs charge 500-1000	4hr	1		1,200.00
CC246	blend + mix	SK	140		196.00
S003	Supervisor	EA	1		175.00

SUB TOTAL 6,571.00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$

TOTAL 3,614.05

SERVICE REPRESENTATIVE: Mike Mattai	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Kelly Shmedley</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.