

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



BASIC
ENERGY SERVICES

RECEIVED
FEB 28 2018

PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1001376	1718	02/21/2018
INVOICE NUMBER			
92641178			

Pratt

BY: (620) 672-1201
ROB LONG

F.G. HOLL COMPANY LLC
PO Box: 308
ELLINWOOD
KS US 67526

ATTN:

ACCOUNTS PAYABLE

J LEASE NAME Roach 1-17
O LOCATION
B COUNTY Barton
S STATE KS
I JOB DESCRIPTION Cement-Casing Seat-Prod W
T JOB CONTACT
E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41089160	19843		Net - 30 days	03/23/2018

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 02/15/2018 to 02/15/2018				
0041089160				
171816183A Cement-Casing Seat-Prod W 02/15/2018 Cement PTA				
60/40 POZ	345.00	EA		
Cement Gel	1,594.00	EA		
Celloflake	87.00	EA		
Cotton Seed Hulls	100.00	EA		
"Unit Mileage Chg (PU, cars one way)"	50.00	MI		
Heavy Equipment Mileage	100.00	MI		
743---Propp & Bulk Del.Chgs per ton mil	1.00	EA		
Blending & Mixing Service Charge	345.00	BAG		
Depth Charge; 3001-4000'	1.00	EA		
"Service Supervisor, first 8 hrs on loc.	1.00	EA		

PLEASE REMIT TO:

SEND OTHER CORRESPONDENCE TO:

BASIC ENERGY SERVICES, LP
PO BOX 841903
DALLAS, TX 75284-1903

BASIC ENERGY SERVICES, LP
801 CHERRY ST, STE 2100
FORT WORTH, TX 76102

SUB TOTAL

TAX

INVOICE TOTAL

TIME 30



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 16183 A

17-20-13

DATE _____ TICKET NO. _____

DATE OF JOB 2/15/2018	DISTRICT Pr9++KS	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 FG Hall	LEASE Rosen	WELL NO. 1-17							
ADDRESS	COUNTY Barton	STATE KS							
CITY	STATE	SERVICE CREW Darin, Hanson, P. [unclear]							
AUTHORIZED BY	JOB TYPE: 241/PTA								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
19843	1 1/2						2/15	AM	9:00
19862	1 1/2						2/15	AM	10:00
							2/15	AM	3:30
							2/15	AM	5:00
							2/15	AM	5:30
						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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP103	60/40 Poz	SK	345		
CC200	Cement + Gel	Lb	594		
CC102	Cello Pkg	Lb	87		
CC200	Cement + Gel	Lb	1,000		
C2410	Carton Seed Hulls	Lb	100		
E100	unit mileage Cheese-Pickups, small trucks	Mi	50		
E101	Heavy Equipment Mileage	Mi	100		
E113	Proppant + 5mz Bulk Delivery, Cheeses, portion misc	Ton/m	743		
CF104	Dep'n Cheese 3,001' - 4,000'	4hr	1		
CF240	Blending & Mixing Service Cheese	SK	345		
S003	Service Supervisor, first & his on loc.	ES	1		

SUB TOTAL

CHEMICAL / ACID DATA:			

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

TOTAL

SERVICE REPRESENTATIVE <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO.