

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.

(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.

Submitted Electronically



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1005777	1718	02/20/2018
INVOICE NUMBER			
92640024			

Pratt (620) 672-1201
B STEVE JONES
I 112 N GRAY
L SAINT JOHN
L KS US 67576
T
O ATTN:

J LEASE NAME Dunn 1
O LOCATION
B COUNTY Stafford
S STATE KS
I JOB DESCRIPTION Cement-New Well Casing/Pi
T JOB CONTACT
E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41088965	19843		Net - 30 days	03/22/2018

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 02/11/2018 to 02/11/2018				
0041088965				
171816332A Cement-New Well Casing/Pi 02/11/2018 Cement PTA				
60/40 POZ	220.00	EA	6.60	1,452.00 T
Cement Gel	380.00	EA	0.14	52.25 T
"Wooden Cmt Plug, 8 5/8""	1.00	EA	88.00	88.00
"Unit Mileage Chg (PU, cars one way)"	30.00	MI	2.48	74.25
Heavy Equipment Mileage	60.00	MI	4.13	247.50
Proppant & Bulk Del. Chgs., per ton mil	285.00	EA	1.37	391.87
Blending & Mixing Service Charge	220.00	BAG	0.77	169.40
Depth Charge; 4001'-5000'	1.00	EA	1,386.00	1,386.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	96.26	96.26

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,957.53
BASIC ENERGY SERVICES,LP	BASIC ENERGY SERVICES,LP	TAX	112.82
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	4,070.35
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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

FIELD SERVICE TICKET

1718 16332 A

DATE TICKET NO. _____

DATE OF JOB 2-11-18 DISTRICT PIATT				NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:			
CUSTOMER Steve Jones				LEASE Dunn WELL NO. 1			
ADDRESS				COUNTY STAFFORD STATE MS			
CITY STATE				SERVICE CREW MATTAL McGRAW TREVINO			
AUTHORIZED BY				JOB TYPE: 2-42 Plug To Abandon			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 2-10-18 AM PM TIME 7:30
19843	4					ARRIVED AT JOB	AM PM 10:00
19918	5					START OPERATION	AM PM 11:13
						FINISH OPERATION	AM PM 3:15
						RELEASED	AM PM 4:15
						MILES FROM STATION TO WELL	30

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)

[illegible]

SUB TOTAL	7195	50
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CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		395753

TOTAL	39575	
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JWW

SERVICE REPRESENTATIVE <i>mike mattal</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>X Home Run</i>
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FIELD SERVICE ORDER NO.



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

1718 16332 A

DATE TICKET NO. _____

DATE OF JOB 2-11-18				DISTRICT 0107				NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:			
CUSTOMER Steve Jones				LEASE DUNE				WELL NO.			
ADDRESS				COUNTY STARR				STATE TX			
CITY				STATE				SERVICE CREW			
AUTHORIZED BY				JOB TYPE: 2-42							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME	
1181	2					ARRIVED AT JOB		AM	PM	11:15	
						START OPERATION		AM	PM	11:15	
						FINISH OPERATION		AM	PM	11:15	
						RELEASED		AM	PM	4:15	
						MILES FROM STATION TO WELL				30	

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
CE 10	60/100 P.V.	SA	22		2,640.00
CE 10	CE 10 5.1	16	380		958.00
CE 10	P.V. 100	SA	30		135.00
CE 10	Heavy eq. 100	SA	60		450.00
CE 10	Pipe + bulk d. 1	SA	285		712.50
CE 10	1000 1000 4000 5000	40	1		2,520.00
CE 10	1000 1000 4000 5000	SA	22		308.00
CE 10	1000 1000 4000 5000	SA	1		175.00
CE 10	W 100 1000 4000 5000	SA	1		160.00

SUB TOTAL	7195	50
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CHEMICAL / ACID DATA:			

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

TOTAL	29	57	52
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JWW

SERVICE REPRESENTATIVE <i>M. K. MATTA</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>V. R. ...</i>
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FIELD SERVICE ORDER NO.



Customer <u>Jones oil inc</u>		Lease No.		Date <u>2-11-18</u>	
Lease <u>Dunn</u>		Well # <u>1</u>			
Field Order # <u>16332</u>	Station <u>PIATR</u>	Casing <u>—</u>	Depth <u>4003</u>	County <u>STAFFORD</u>	State <u>KS</u>
Type Job <u>2-42 Plug to Abandon</u>			Formation	Legal Description <u>24-335-14W</u>	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	Max		5 Min.
Volume	Volume	From	To	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	Gas Volume		Total Load

Customer Representative <u>Doug Budig</u>			Station Manager <u>Westerman</u>			Treater <u>MATTAI</u>		
Service Units	<u>83353</u>		<u>84980</u>	<u>19843</u>		<u>19959</u>	<u>19918</u>	
Driver Names	<u>MATTAI</u>		<u>McGraw</u>			<u>TRIVENO</u>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					ON LOCATION / SAREY MEETING
					1 ST Plug @ 4003
11:13	300		15	5	Pump 15 bbls water
11:17	300		12.7	4	Mix 50 SKS 60/40 POZ
11:21	100		5	5	START WATER DISP
11:23	100		40	5	START MUD DISP
					2 ND Plug @ 860'
1:17	250		10	3	Pump 10 bbl water
1:20	200		12.7	3	Mix 50 SKS 60/40 POZ
1:23	150		5	3	START DISP.
					3 RD Plug @ 670'
1:40	200		5	3	Pump 5 bbl water
1:42	200		12.7	3	Mix 50 SKS 60/40 POZ
1:45	150		3	3	START DISP.
					4 TH Plug @ 60'
3:00	-		5	3	Mix 20 SKS 60/40 POZ
					CMT TO SURFACE
3:10			7.5		Plug GRAT + mouse hole