KOLAR Document ID: 1404606

**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 #:				API No.	15							
Name:				Spot Description:								
Address 1:			.	Sec Twp S. R East Wes								
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)		OG D&A Cathodi SWD Permit #:		County: Well #:								
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:								
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)								
Producing Formation(s): List A	ll (If needed attach another	sheet)		by: (KCC <b>District</b> Agent's Name) Plugging Commenced:								
Depth to	Top: Botto	m: T.D										
Depth to	Top: Botto	m: T.D		Plugging Completed:								
Depth to	Top: Botto	m:T.D	'	i iuggiiis	g completed.							
Show depth and thickness of a	all water, oil and gas forma	ations.										
Oil, Gas or Water	Records		Casing Re	cord (Su	urface, Conductor & Produc	tion)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out						
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If						
Plugging Contractor License #	:		Name:	:								
Address 1:			Address 2:	s 2:								
City:			;	State:		Zip:+						
Phone: ( )												
Name of Party Responsible for	r Plugging Fees:											
State of	County, _			, SS.								
	•				Employee of Operator or	Operator on above described						
	(Print Name)			⊑	imployee 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.



PAGE	CUST NO	YARD #	INVOICE DATE								
1 of 1	1004409	1718	04/05/2018								
	INVOICE NUMBER										
92673582											

Pratt

(620) 672-1201

B VAL ENERGY

l 125 n market ste 1710

[ WICHITA

KS US 67202

O ATTN:

ACCOUNTS PAYABLE

LEASE NAME

L.B. Diel 1

LOCATION В

COUNTY

Barber

STATE

KS

JOB DESCRIPTION T

Cement-Casing Seat-Prod W

Ε JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE	ORDER NO.		TERMS	DUE DATE			
41098278	86779			Net - 30 days	05/05/2018				
* x			QTY	U of M	UNIT PRICE	INVOICE AMOUNT			
For Service Date	es: 04/04/2018 to	04/04/2018	-						
0041098278		40	85		20				
						19			
171816627A Cer Cement/PTA	ment-Casing Seat-Prod	W 04/04/2018							
60/40 POZ Cement Gel			175.00 1,502.00		6.8 0.				
"Unit Mileage Cho	g (PU, cars one way)"		48.00	MI	2.9	123.12			
Heavy Equipment 362Propp & Bu	Mileage Ik Del Chgs per ton m	ii	96.00 1.00		4.2 516.4				
Depth Charge; 50	1'-1000'	_	1.00	EA	684.0	684.00			
Blending & Mixing "Service Supervise	or, first 8 hrs on loc.		175.00 1.00		0.8 99.7				
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DIENCE DEMIN	TO. CITY								

PLEASE REMIT TO:

SEND OTHER CORRESPONDENCE TO:

BASIC ENERGY SERVICES,LP
PO BOX 841903
BALLAS,TX 75284-1903
BASIC ENERGY SERVICES,LP
801 CHERRY ST, STE 2100
FORT WORTH, TX 76102

SUB TOTAL

3,384.38

TAX INVOICE TOTAL

253.83

3,638.21



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

## TTMH 25 FIELD SERVICE TICKET

1718 16627

PRESSURE PUMPING & WIRELINE DATE TICKET NO. DATE OF JOB CUSTOMER ORDER NO.: OLD PROD ☐ WDW DISTRICT WELL NO. / CUSTOMER LEASE STATE **ADDRESS** COUNTY CITY STATE SERVICE CREW 241 **AUTHORIZED BY** JOB TYPE: **EQUIPMENT#** HRS **EQUIPMENT#** HRS TIME **EQUIPMENT#** HRS TRUCK CALLED ARRIVED AT JOB START OPERATION 級 **FINISH OPERATION** RELEASED MILES FROM STATION TO WELL 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:X (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO QUANTITY MATERIAL, EQUIPMENT AND SERVICES USED UNIT **UNIT PRICE** \$ AMOUNT SUB TOTAL CHEMICAL / ACID DATA: **SERVICE & EQUIPMENT** %TAX ON \$ MATERIALS %TAX ON \$ TOTAL

REPRESENTATIVE FIELD SERVICE ORDER NO. THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: \

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE



## TREATMENT REPORT

Customer	8,5			<del>•</del> 5, ,			·····							***************************************						
- MAL LACIUS						Lease No.							Date							
Lease ( R )					V	Well #							<u>(1/1)</u>	1/1						
Field Order # Station				 14 S		Casing	<u>r</u> 25	Dept	<b>h</b> -	Count	7	77.			State	lor C				
Type Job	and the	,,,,,,	11	11/1	ES.	**			Fc	rmation	)		1, 250	Legal	Descri	ption		<del>/* }</del>		
PIPE DATA PERFORATIN					TING	NG DATA FLUID US			USEC	)	Т			TREATMENT RESUME						
Casing Size	Tubing Size Shots/Ft			Acid				RATE			ATE PRESS ISIP			IP	**************************************					
Depth	Depth From		From	om To			Pr	Pre Pad			Max					Vin.				
Volume	e Volume				То			Pad			Min	Min				10 Min.				
Max Press	Max Press		From	То			Fra	Frac			Avg				15	15 Min.,				
Well Connection	ection Annulus Vol.		From	То						•	HHP Used		Annul			nulus Pr	ulus Pressure			
Plug Depth	Packer De	epth			То	To		Flush			Gas Volume		To		То	Total Load				
Customer Rep	oresentative	) <u>.</u>				Station	n Mar	nager	7			Trea	iter			-				
Service Units	24/1	. ,	44.7		7 V.	7.55.3	di parti s		2"	7.42		<u> </u>	*****	V 12-1-2		7 1	T			
Driver Names	G. 7. 7. 5.												***************************************				十			
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