KOLAR Document ID: 1405475

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 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)		OG D&A Cathodi SWD Permit #:		County: Well #: Date Well Completed:				
ENHR Permit #:	Gas Sto	rage Permit #:						
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)				(KCC District Agent's Name)		
Depth to	Top: Botto	m: T.D		Plugging Commenced:				
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	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:	e:					
Address 1:			Address 2:					
City:			;	State:		Zip:+		
Phone: ()								
Name of Party Responsible fo	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.



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

FIELD SERVICE TICKET 1718 16517 A

TTM1-132

DATE TICKET NO. CUSTOMER ORDER NO. DATE OF JOB NEW WELL WDW DISTRICT CUSTOMER LEASE WELL NO. **ADDRESS** COUNTY STATE CITY STATE SERVICE CREW **AUTHORIZED BY** JOB TYPE: EQUIPMENT# TIME HRS **EQUIPMENT#** HRS **EQUIPMENT#** HRS TRUCK CALLED ARRIVED AT JOB START OPERATION 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: (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO UNIT QUANTITY UNIT PRICE \$ AMOUNT MATERIAL, EQUIPMENT AND SERVICES USED SUB TOTAL 6,882

CHEMICAL / ACID DATA: SERVICE & EQUIPMENT %TAX ON \$ MATERIALS %TAX ON \$ TOTAL

SERVICE REPRESENTATIVE THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:\

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer	. 10.	11/1/11	911	Lease No.								
Lease	Hold	with 5	Zungr 3	Well #	Markey in the contract of the	roumine en en Principalité par le principal		3/20/18				
Field Order,#_	Station	Pala	Za santa d	51 (470) (51 (47)	Casing	Depth Depth	Cour	ity	State	5		
Type Job	10 10	11	nell	n		Formation		Legal	Description	Kari. Limi		
PIPE	DATA	PERF	ORATIN	NG DATA FLUID USED			TREATMENT RESUME					
Casing Size	Tubing Size	Shots/Ft	T		Acid		RATE PRESS		ISIP			
Depth	Depth	From	То		Pre Pad		Max		5 Min.			
Volume	Volume	From	То		Pad		Min		10 Min.			
Max Press	Max Press	From	То		Frac		Avg		15 Min.			
Well Connection	Annulus Vol.	From	То				HHP Used		Annulus Pressure			
Plug Depth	Packer Depth	From	То		Flush		Gas Volume		Total Load			
Customer Repre	esentative	Stale	run	Station	Manager	n Wes	Tr	eater Sunda	1 Breezes			
Service Units	8/7 7	71/63	15this is	1991	8			No. of	A State of the state of			
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						9501						
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						4401						
7:43	520		-		4.5	Penny HEO Spaces						
2:45	275				4.5	Silvet Comment SCSPS CCIUN 100						
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10244	NE Hiway	/ 61 • P	O. Box	c 8613 c	Pratt, KS			72-1201 • Fa	ax (620) 672-5383	3		