

**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.

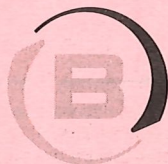
| Oil, Gas or Water Records |         | Casing Record (Surface, Conductor & Production) |      |               |            |
|---------------------------|---------|---|------|---------------|------------|
| Formation                 | Content | Casing  | Size | Setting Depth | Pulled Out |
|                           |         |   |      |               |            |
|                           |         |   |      |               |            |
|                           |         |   |      |               |            |
|                           |         |   |      |               |            |

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<sup>SM</sup>

ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

TMH 46

## FIELD SERVICE TICKET

1718 16460 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

| DATE OF JOB <b>6-9-18</b>     | DISTRICT _____                     | 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 <b>L.D. Drilling</b> | LEASE <b>Arensman-Scifert 01W0</b> | WELL NO. _____                    |  |                               |                              |                              |                     |    |    |             |
| ADDRESS _____                 | COUNTY <b>Barton</b>               | STATE <b>KS</b>                   |  |                               |                              |                              |                     |    |    |             |
| CITY _____                    | STATE _____                        | SERVICE CREW <b>1718</b>          |  |                               |                              |                              |                     |    |    |             |
| AUTHORIZED BY _____           | JOB TYPE: <b>241 Replug</b>        |                                   |  |                               |                              |                              |                     |    |    |             |
| EQUIPMENT#                    | HRS                                | EQUIPMENT#                        | HRS  | EQUIPMENT#                    | HRS                          | TRUCK CALLED                 | DATE                | AM | PM | TIME        |
| <b>27463</b>                  | <b>10</b>                          |                                   |  |                               |                              |                              | <b>6-9-18</b>       |    |    | <b>0900</b> |
| <b>19960-19860</b>            | <b>4</b>                           |                                   |  |                               |                              |                              |                     |    |    | <b>0600</b> |
|                               |                                    |                                   |  |                               |                              |                              |                     |    |    | <b>0700</b> |
|                               |                                    |                                   |  |                               |                              |                              |                     |    |    | <b>1400</b> |
|                               |                                    |                                   |  |                               |                              |                              |                     |    |    | <b>1730</b> |
|                               |                                    |                                   |  |                               |                              |                              |                     |    |    | <b>75</b>   |

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: **Mark Davis By DL Scott**  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

| ITEM/PRICE REF. NO. | MATERIAL, EQUIPMENT AND SERVICES USED | UNIT | QUANTITY         | UNIT PRICE | \$ AMOUNT |
|---------------------|---------------------------------------|------|------------------|------------|-----------|
| <b>CP103</b>        | <b>60/40 Poz</b>                      |      | <b>245 sk</b>    |            |           |
| <b>CC200</b>        | <b>Cement/Gel</b>                     |      | <b>422 Lbs</b>   |            |           |
| <b>C1502</b>        | <b>Powdered Guar</b>                  |      | <b>100 lbs</b>   |            |           |
| <b>E100</b>         | <b>Truck mileage 1 way</b>            |      | <b>75 mi</b>     |            |           |
| <b>F100</b>         | <b>Pick up mileage 1 way</b>          |      | <b>75 mi</b>     |            |           |
| <b>E113</b>         | <b>Bulk Delv Charge</b>               |      | <b>91 Ton/mi</b> |            |           |
| <b>CE202</b>        | <b>Pump Charge 1001-2000'</b>         |      | <b>4 hrs</b>     |            |           |
| <b>CE240</b>        | <b>Bleeding + mixing Charge</b>       |      | <b>245 sk</b>    |            |           |
| <b>CE405</b>        | <b>Don Pumping time</b>               |      | <b>2 hrs</b>     |            |           |
| <b>5003</b>         | <b>Service Supv</b>                   |      | <b>8 hrs</b>     |            |           |

SUB TOTAL

| CHEMICAL / ACID DATA: |  |  |  |
|-----------------------|--|--|--|
|                       |  |  |  |
|                       |  |  |  |
|                       |  |  |  |

|                     |            |  |
|---------------------|------------|--|
| SERVICE & EQUIPMENT | %TAX ON \$ |  |
| MATERIALS           | %TAX ON \$ |  |
|                     | TOTAL      |  |

|  |  |
|--|--|
| SERVICE REPRESENTATIVE <b>DL Scott</b> | THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <b>Mark Davis By DL Scott</b><br>(WELL OWNER OPERATOR CONTRACTOR OR AGENT) |
|--|--|

FIELD SERVICE ORDER NO. \_\_\_\_\_

|                           |                     |                                 |
|---------------------------|---------------------|---------------------------------|
| Customer<br>L.D. Drlg     | Lease No.           | Date<br>6-4-18                  |
| Lease<br>Arensman-Seifert | Well #<br>0WWD      |                                 |
| Field Order #<br>16460    | Station<br>Pratt KS | Casing<br>8 7/8                 |
|                           |                     | Depth<br>140                    |
| Type Job<br>Replug        | Formation           | County<br>Barton                |
|                           |                     | State<br>KS                     |
|                           |                     | Legal Description<br>28-165-11W |

| PIPE DATA       |              | PERFORATING DATA |    | FLUID USED                           |            | TREATMENT RESUME |                  |  |
|-----------------|--------------|------------------|----|--------------------------------------|------------|------------------|------------------|--|
| Casing Size     | Tubing Size  | Shots/Ft         |    | Acid                                 | RATE       | PRESS            | ISIP             |  |
| Depth           | Depth        | From             | To | Pre Pad<br>245 sk. / 60-40 ppc 4% ee | Max        | 500              | 5 Min.           |  |
| Volume          | Volume       | From             | To | Pad<br>1.43 13.7                     | 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<br>H2O                         | Gas Volume |                  | Total Load       |  |

|                                       |                                |                    |
|---------------------------------------|--------------------------------|--------------------|
| Customer Representative<br>Mark Davis | Station Manager<br>J Westerman | Treater<br>D Scott |
|---------------------------------------|--------------------------------|--------------------|

|                      |         |                    |        |  |  |  |  |  |
|----------------------|---------|--------------------|--------|--|--|--|--|--|
| Service Units<br>Vap | 27463   | 19960              | 19860  |  |  |  |  |  |
| Driver Names<br>SCOH | Klesley | <del>Andrews</del> | H Diaz |  |  |  |  |  |

| Time | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log                    |
|------|-----------------|-----------------|--------------|------|--------------------------------|
| 0400 |                 |                 |              |      | Called Out                     |
| 0600 |                 |                 |              |      | Onloc w/Trk.                   |
| 1400 |                 |                 |              |      | Stop Drlg @ 1460'              |
|      |                 |                 |              |      | TOH w/Bit + TIH w/open End Tbg |
|      |                 |                 |              |      | Tbg @ 1450' 1st Plug           |
| 1710 | 200             |                 | 10           | 3    | H2O spacer                     |
| 1713 | 200             |                 | 8.9          | 3    | Mix 35 sk. cmt @ 13.7 ppg      |
| 1715 | 200             |                 | 5.5          | 3    | Balance + Disp cmt Good Circ   |
|      |                 |                 |              |      | Tbg @ 706'                     |
| 1730 | 200             |                 | 10           | 3    | H2O spacer                     |
| 1733 | 200             |                 | 12.7         | 3    | Mix 50 sk. @ 13.7 ppg          |
| 1737 | 200             |                 | 2.2          | 3    | Balance + Disp cmt Good Circ   |
|      |                 |                 |              |      | Tbg @ 289' 3rd Plug            |
|      |                 |                 |              |      | Est Circ                       |
|      |                 |                 |              |      | Circ cmt to surface            |
|      |                 |                 |              |      | cmt @ surface 160 sk.          |
|      |                 |                 |              |      | TOH w/Tbg                      |
|      |                 |                 |              |      | Job Complete                   |
|      |                 |                 |              |      | Thank you                      |
|      |                 |                 |              |      | Scotty                         |