

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

TTM1 4/8

FIELD SERVICE TICKET

1718 16518 A



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

DATE _____ TICKET NO. _____

DATE OF JOB: 3/22/18	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: Citation Out 1 Feas		LEASE: Winstead idr.1					WELL NO. 73
ADDRESS		COUNTY: Rensselli	STATE: KS				
CITY		SERVICE CREW: Scott, M, A, Allen					
AUTHORIZED BY: Dennis		JOB TYPE: Plug to Marden 241					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	
26179	.75					DATE	AM PM TIME
19860	.5					ARRIVED AT JOB	2/22/18 AM PM 5:45
19918	.75					START OPERATION	2/22/18 AM PM 10:00
						FINISH OPERATION	2/22/18 AM PM 12:30
						RELEASED	2/22/18 AM PM 1:30
						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: *V. J. Jones*
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL207	60/100 #02	SK	490		5380.00
CL208	Cement Bag	lb	8411		211.70
CL246	Carbon Steel Waffle	lb	450		37.50
LM1	Light Machine Oil	MI	55		55.00
E101	Heavy Equipment M-M-Range	MI	255		1917.50
E113	Fluid Bulk Delivery	TM	1794		4433.70
CL203	Depth Charge 2000-3000'	lb	1		1800.00
CL246	Blending A Molding Service Plug	SK	490		630.00
5005	Service Supervision	LA	1		175.00
SUB TOTAL					15868.70

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	
J.W.:	8231.00

SERVICE REPRESENTATIVE: _____ THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *V. J. Jones*
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer <i>Conoco Phillips</i>		Lease No.		Date <i>3/22/15</i>	
Lease <i>111111</i>		Well # <i>77</i>			
Field Order # <i>1111</i>	Station <i>Pratt 11</i>	Casing	Depth	County <i>Pratt</i>	State <i>KS</i>
Type Job <i>Hydraulic Fracturing</i>			Formation	Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
	<i>2 3/8</i>			Pre Pad	Max		5 Min.	
Depth	Depth	From	To	Pad	Min		10 Min.	
Volume	Volume	From	To	Frac	Avg		15 Min.	
Max Press	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth	Packer Depth	From	To					

Customer Representative <i>[Signature]</i>			Station Manager <i>[Signature]</i>			Treater <i>[Signature]</i>		
Service Units	<i>10000</i>	<i>10000</i>	<i>10000</i>	<i>10000</i>	<i>10000</i>	<i>10000</i>		
Driver Names	<i>[Name]</i>							

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>9:00</i>					<i>Injection starts, 2000' depth</i>
<i>10:00</i>		<i>100</i>		<i>115</i>	<i>Shot 114</i>
<i>10:16</i>		<i>750</i>	<i>6</i>	<i>115</i>	<i>Shot 115</i>
<i>10:17</i>		<i>750</i>	<i>718</i>	<i>115</i>	<i>Shot 116 treatment 2000' 114, 115</i>
<i>10:45</i>		<i>10</i>	<i>30</i>	<i>0</i>	<i>Shot stop</i>
<i>11:11</i>		<i>200</i>		<i>5</i>	<i>Shot 117</i>
<i>11:47</i>		<i>600</i>	<i>7</i>	<i>5</i>	<i>Shot 118 treatment 2000' 117, 118</i>
<i>11:55</i>		<i>750</i>	<i>718</i>	<i>5</i>	<i>Shot 119 treatment 2000' 118, 119</i>
<i>11:59</i>		<i>0</i>	<i>5</i>	<i>0</i>	<i>Shot stop</i>
<i>11:40</i>		<i>100</i>		<i>3</i>	<i>Shot 120</i>
<i>11:45</i>		<i>750</i>	<i>2</i>	<i>3</i>	<i>Shot 121 treatment 2000' 120, 121</i>
<i>11:50</i>		<i>0</i>	<i>200</i>		<i>Shot stop</i>
<i>11:55</i>		<i>100</i>		<i>5</i>	<i>Shot 122</i>
<i>11:59</i>		<i>775</i>	<i>78</i>	<i>2</i>	<i>Shot 123 treatment 2000' 122, 123</i>
<i>12:00</i>		<i>10</i>	<i>2</i>	<i>0</i>	<i>Shot stop</i>