

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

Customer Stelbar Oil Corp	Lease No.	Date 6-5-18
Lease KOHIS	Well # 1-4	
Field Order # 16785	Station Pratt	Casing 5 1/2
	Depth	County SCOTT
Type Job 2-41 Plug to Abandon	Formation	State KS
		Legal Description 4-195-31W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid 225 SKS	60/40	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad 4% 90'	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 Mason Dilka	Station Manager Westerman	Treater MATTAI
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Service Units 83753	84980	20920	19960	19800				
Driver Names MATTAI	HANSON		LOSH					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:45					ON LOCATION / SAFETY MEETING
					1ST PLUG @ 2250
2:45		50	5	4	PUMP 5 bbl WATER
2:50		50	6.5	4	MIX 25 SKS 60/40 W. 150# HULLS
2:55		50	7	4	START DISPLACEMENT
4:07	500		25		LOAD Casing / Pressure TEST TO 500
					LEAKED AT 400
4:58	500		1.5		CASING HOLDING 400 PSI
					2ND PLUG @ 1400 (PRESS)
5:48	1,000			3	MAKE SURE PERKS ARE OPEN
6:01	500		7.5	1	MIX 30 SKS 60/40 P02
6:05	500		7.5	1	MIX 30 SKS 60/40 P02 W 50# HULLS
6:08	500			2	START DISP.
6:18			22		DISPLACEMENT IN
					3RD PLUG @ 390'
6:53	200			3	MIX 140 SKS 60/40 P02
7:05			35		7:05 CMT TO SURFACE
7:15					CMT DID NOT CALL
					JOB COMPLETE
					THANK YOU!
					MIKE MATTAI
					WEEVER - JOSH - JOST



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 16785 A

DATE _____ TICKET NO. _____

DATE OF JOB: 6/27/88		DISTRICT: 1		NEW WELL <input type="checkbox"/> OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:			
CUSTOMER: [Handwritten]				LEASE: [Handwritten]				WELL NO.:			
ADDRESS:				COUNTY: [Handwritten]				STATE: [Handwritten]			
CITY:				STATE:				SERVICE CREW: [Handwritten]			
AUTHORIZED BY:				JOB TYPE: [Handwritten]							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME	
						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.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
C1100	[Handwritten]	30	22		2,700 00
C1200	[Handwritten]	11	388		97 00
C1300	[Handwritten]	11	5025		150 00
C1400	[Handwritten]	20	100		450 00
C1500	[Handwritten]	16	20		1,500 00
C1600	[Handwritten]	30	975		2,400 00
C1700	[Handwritten]	40	1		1,600 00
C1800	[Handwritten]	30	280		315 00
					1,75 00

CHEMICAL / ACID DATA:			

SUB TOTAL		212 00
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		5307 84

SERVICE REPRESENTATIVE: [Handwritten]	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Handwritten]
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FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



Pioneer Energy Services

DATE: 06/05/2018

LOCATION: Hays, KS (Wireline) Brett Becker (785) 625-3858

UNIT: P-18

ENGINEER: Michael Hiss

TICKET NUMBER: T-549-897-B3EE

CLIENT INFO	COMPANY: Stelbar Oil Corporation, Inc.		PO#:		
	BILLING ADDRESS: 1625 Waterfront Pkwy, Ste 200		CITY: Wichita	ST: KS	ZIP: 67206-6602
WELL INFO	WELL NAME: Rohrs No.1-4		FIELD / BLOCK:		COUNTY / PARISH: Scott
	API / OCSG#:	AFE#:	PRICE ZONE: LAND		ST: KS - Kansas
					Page 1 of 3

CODE	SERVICE DESCRIPTION	QTY	AMOUNT
Setup Charges - Rig up off of Rig			
10000	Truck Rental / Rig up	1	\$787.63
10043	Wait Time on Location 2 hrs Free 3 hrs charged	3	\$300.00
Run 01 - Run 5 1/2" CIBP Stack out at 1620' POOH			
15071	Min Depth Charge	6000	\$859.23
Run 02 - Peforate 3 1/8" HEC 1x4			
17500	Min Depth Charge	6000	\$537.02
17502	CCL@ 1395.5' + 4.5' Stand Off = 1400'	4	\$83.06
17502	CCL@ 387.5' + 2.5' Stand Off = 390'	4	\$83.06