KOLAR Document ID: 1412098

**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 De	scription:						
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:				Footage	s Calculated from Neares	st Outside Section Corner:					
Phone: ( )					NE NW	SE SW					
Type of Well: (Check one)		OG D&A Cathodi		County: Well #:							
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)					
Producing Formation(s): List A	II (If needed attach another	sheet)		by:		(KCC <b>District</b> Agent's Name)					
Depth to	Top: Botto	m: T.D		Plugging	a Commenced.						
Depth to	•	m: T.D		00 0							
Depth to	Top: Botto	m:T.D			y						
Show depth and thickness of a	all water, oil and gas forma	ations.									
Oil, Gas or Water	Records		Casing Re	Record (Surface, Conductor & Production)							
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:	o:							
Address 1:			Address 2:	:							
City:			;	State:		Zip:+					
Phone: ( )											
Name of Party Responsible for	r Plugging Fees:										
State of	County, _			, ss.							
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed decertibed					
	(Print Name)			E	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.

Form	CP4 - Well Plugging Record
Operator	Stelbar Oil Corporation, Inc.
Well Name	PFENNINGER 12-29-1831
Doc ID	1412098

### Producing Formations

Formation	Тор	Bottom	Total Depth
Marmaton	4391	4478	4768
Lansing	4248	4254	4768
Lansing	3952	3958	4768
Krider	2774	2786	4768



## TREATMENT REPORT

	0.5															
Customer	relba	1 017	CULPL	ease No.	• 6				Date							
Lease	Preno	inge/	V	/ell #		17	i		1 1 (	9-	1-15	6				
Field Order	# Static		ratt	v - "		Casing	Dept	2786	County	Mari I	/	State US				
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Max Press	Max Pres	From	То	1	Frac		Avg				15 Min.					
Well Connecti	on Annulus \	Vol. From	То	34			HHP Used		1		Annulus Pressure					
Plug Depth	Packer D	epth From	То		Flu	sh		Gas Volun	ne		Total Load					
Customer Re	presentative	1 21		Station	Man	ager /	1 estern	MAM	Treater	MATT	a /					
Service Units	83357	# 17	27463		-	19999	19918				0					
Driver Names	MATTE	- B.	Hanson	1 -		p i	AZ I									
Time	Casing Pressure	Tubing Pressure	Bbls. Pump	ed		Rate			Ser	vice Log						
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

# FIELD SERVICE TICKET

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	PRESSURE P	UMPIN	NG & WIRELINE					DATE	TICKET NO			-	ote T
DATE OF 6-7-18 DISTRICT PIATT						NEW □ OLD □ PROD □ INJ □ WDW □ CUSTOMER ORDER NO.:							
CUSTOMER Stelbar oil (011						LEASE PERNINSA WELL NO./?							
ADDRESS						COUNTY SCOTT STATE US							
CITY STATE						SERVICE CF	REW M	STTOIH.	47)01 Gods	ve	DIA	7	C-A.Y.
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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, mat 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 become a part of this contract without the written consent of an officer of Basic Energy Services LP.  SIGNED:  (WELL OWNER, OPERATOR, CONTRACTOR OR AGE)										litions	s shall		
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SERVICE

REPRESENTATIVE

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



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

#### FIELD SERVICE TICKET

1718 16785 A

	PRESSURE	PUM	PING & WIRELINE					DATE	TICKET NO.			iday.	
DATE OF JOB DISTRICT						NEW D	OLD D	PROD IN	J MDM	□ 8	USTOMER RDER NO.:		
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SERVICE REPRESENTATIVE THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: