

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.

(Print Name) Employee 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.

Submitted Electronically

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

Producing Formations

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

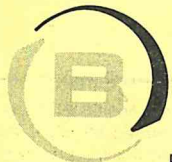
Customer <u>Stelbar Oil Corp</u>		Lease No.			Date <u>6-7-18</u>		
Lease <u>Preninger</u>		Well # <u>12</u>					
Field Order # <u>16786</u>	Station <u>Pratt</u>		Casing <u>5 1/2</u>	Depth <u>2786</u>	County <u>Scott Scott</u>	State <u>KS</u>	
Type Job <u>Z-41 Plug to ABANDON</u>			Formation		Legal Description		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <u>5 1/2</u>	Tubing Size	Shots/Ft		Acid <u>325 SK 60/40 F02</u>	RATE	PRESS	ISIP	
Depth <u>2786</u>	Depth	From	To	Pre Pad <u>490</u>	Max		5 Min.	
Volume <u>66</u>	Volume	From	To	Pad	Min		10 Min.	
Max Press <u>130</u>	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				Station Manager <u>WESTERMAN</u>				Treater <u>MATTAL</u>			
Service Units	<u>83357</u>	<u>27463</u>	<u>19999</u>	<u>19918</u>							
Driver Names	<u>MATTAL</u>	<u>HANSON</u>	<u>DIAZ</u>								

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
8:40					ON location / SARRY MEETING
9:15	50			4	Pump 5 bbl w 4M
9:22	50		5	5	Mix 25 SK 60/40 W. 200# hulls
9:24	50			5	Mix 275 SK 60/40
9:37	250		70		Pressure up
9:40					hook TO BACKSIDE
9:41	150				Mix 10 SK 60/40 F02
9:43					Mix 10 SK TOP OFF well

JOB COMPLETE
THANK YOU!
Mike Mattal
Josh Scott JISC



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

TTHH
27

FIELD SERVICE TICKET
1718 16786 A

DATE _____ TICKET NO. _____

DATE OF JOB: 6-7-18	DISTRICT: Pratt	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: Stelbur oil corp		LEASE: Pennington					WELL NO.: 12			
ADDRESS:		COUNTY: SCOTT			STATE: KS					
CITY:		SERVICE CREW: MUTTAI HANSON GRAVES DIAZ		JOB TYPE: 2-41 plug to abrasion						
AUTHORIZED BY:										
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
27463	25						6-7			8:40
19918	25									9:15
										9:45
										9:50
						MILES FROM STATION TO WELL			100	

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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP103	60/40 P02	SY	325		3,900.00
CC200	CMT 901	LB	5600		140.00
C2410	COTTON Seed Hulls	LB	200		150.00
E100	PU. miles	Mi	750		
E101	heavy eq miles	Mi	100		750.00
E113	Prod + bulk dol	TN	1400		3,500.00
C0208	depp charge 2001-3000'	44'	1		1,400.00
C0240	blend + mix	SY	325		455.00
S003	SUPERVISOR	EA	1		175.00

SUB TOTAL	10,870.00
SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	6,195.90

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: Mike Mutta	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
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FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

7144
27

FIELD SERVICE TICKET
1718 16785 A

DATE _____ TICKET NO. _____

DATE OF JOB: 6/7/15		DISTRICT: 1718		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.: [Handwritten]							
ADDRESS: [Handwritten]				COUNTY: [Handwritten]				STATE: [Handwritten]							
CITY: [Handwritten]				STATE: [Handwritten]				SERVICE CREW: [Handwritten]							
AUTHORIZED BY: [Handwritten]				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
6/10	6/10 100		30		3000.00
6/10	6/10 100		10		140.00
6/10	6/10 100		12		150.00
6/10	6/10 100		1		750.00
6/10	6/10 100		1		350.00
6/10	6/10 100		1		1800.00
6/10	6/10 100		1		175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		10,875.00
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		11,125.00

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)