KOLAR Document ID: 1412116

**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 #:	I API No.	15 -							
Name:									
Address 1:	'	•	Twp S. R East West						
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 Nea	rest Outside Section Corner:						
Phone: ( )		□ NE □ NW	SE SW						
Type of Well: (Check one) Oil Well Gas Well OG D&A  Water Supply Well Other: SWD Permit #:  ENHR Permit #: Gas Storage Permit #:  s ACO-1 filed? Yes No If not, is well log attached? Yeoducing Formation(s): List All (If needed attach another sheet)  Depth to Top: Bottom: T.D.	Yes No County:  Lease N  Date We The plug by:	County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced:							
Depth to Top: Bottom: T.D.									
Depth to Top: Bottom:T.D.		g Completed							
Show depth and thickness of all water, oil and gas formations.									
Oil, Gas or Water Records	Casing Record (Su	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 to cement or other plugs were used, state the character of same depth placed from the cha	·		ods used in introducing it into the hole. If						
Plugging Contractor License #:	Name:	e:							
Address 1:	Address 2:	ess 2:							
City:	State:								
Phone: ( )									
Name of Party Responsible for Plugging Fees:									
State of County,									

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	MCKEAN TRUST 1-30-1831
Doc ID	1412116

## Producing Formations

Formation	Тор	Bottom	Total Depth
Mississippi	4619	4623	5070
Marmaton	4388	4392	5070
Marmaton	4325	4327	5070
Krider	2783	2791	5070



# TREATMENT REPORT

Customer 5	telBa,	oil	0010	Lease No.				* 5 + -	Date	/ -	7 1	(			
Lease Mc V	GAN TI	1451	7 a	Well #		1				G -	7-1	_			
Field Order, #	Station	pro	ITT	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	. V -	Casing	5 / Depth	1	County	500	0.7.7	State	15		
Type Job	2-4	1 P/	ug t	U Abu	nD	Un	Formation		- :	Legal I	Description				
PIPE DATA PERFORATING DATA					,	FLUID	USED		TRE	ATMENT	RESUMI	E - 4	i i		
Casing Size	Tubing Size	e Shots/F	t	* -	Acid	3 0	0 5us	60/40	RATE P	RESS	ISIP				
Depth 2741	Depth	From	T	0	Pre		49. sii	Max				5 Min.			
Volume	Volume	From	. т	0	Pad			Min			10 Min.				
Max Press	Max Press	From	Te	0	Frac			Avg	7 U HE -	e en-en, an	15 Min.				
Well Connectio		From	Т	0				HHP Used	×		Annulus Pressure				
Plug Depth	Packer Dep	From	To		Flus			Gas Volum			Total Loa	ad	. "		
Customer Rep	/	Y Sun 0		Station		VV	ostein	1A A	Treater	MA	TTAL	g*			
Service Units	83353	)	2740	-		10959	19860			1		- A			
Driver Names	Casing	Tubing	HANS	21		9-1 A	0 - 1				12:				
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124

# FIELD SERVICE TICKET

1718 16788 A

		IPING & WIRELINE	one 620-67	/2-1201			DATE	TICKET NO.	car I		
DATE OF 6-7-18 DISTRICT PLATE					NEW WELL	OLD WELL	PROD IN	11 MDM		CUSTOMER ORDER NO.:	-
CUSTOMER Stelbar oil (019					LEASE MCKEAR TINST WELL NO. /						
ADDRESS				COUNTY SCOTT STATE 4							
CITY		STATE			SERVICE CF	REW h	1ATTAL	HATSUT	6	1AV-	17/2
AUTHORIZED B	BY				JOB TYPE:	7.4	1 0	ug to A	3A	nps	
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SERVICE REPRESENTATIVE

mila mattal

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

(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 16788 A

PRESSURE PUMPING & WIRELINE								DATE	TICKET NO				
DATE OF JOB	7	. [	DISTRICT	NEW OLD PROD INJ WDW CUSTOMER ORDER NO.:									
CUSTOMER	CUSTOMER						LEASE WELL NO.						
ADDRESS						COUNTY							
CITY			STATE			SERVICE CR	EW	10 men. 14.	pris	(4		. v. *	
AUTHORIZED B						JOB TYPE: 4							
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CONTRACT CONDITIONS: (This contract must be signed before the job is of the undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned products, and/or supplies includes all of and only those terms and conditions appearing on the front and back become a part of this contract without the written consent of an officer of Basic Energy Services LP.							of this do	cument. No addi	ledges that this co tional or substitute ER, OPERATOR,	terms	and/or condition	s shall	
ITEM/PRICE REF. NO.		N	IATERIAL, EQUIPMENT A	ND SERV	/ICES USE	ED	UNIT	QUANTITY	UNIT PRIC	E	\$ AMOUN	IT	
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THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

REPRESENTATIVE

SERVICE