

**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.

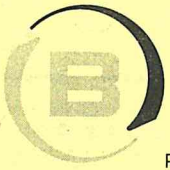
**Submitted Electronically**

Customer <b>Stelber Oil Corp.</b>	Lease No.	Date <b>6/19/2018</b>
Lease <b>Hess/Cas. Scheuermann Unit</b>	Well # <b>1-24</b>	
Field Order # <b>16586</b>	Station <b>Pratt/KS</b>	Casing
Type Job <b>242/PTA</b>	Formation	Depth
		County <b>Scott</b>
		State <b>KS</b>
		Legal Description <b>24-17s-32w</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<b>4 1/2</b>				Pre Pad	Max		.5 Min.	
Depth <b>2310</b>	Depth	From	To	Pad	Min		10 Min.	
Volume <b>32.8</b>	Volume	From	To	Frac	Avg		15 Min.	
Max Press <b>500</b>	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush <b>Water/mud</b>	Gas Volume		Total Load	
Plug Depth	Packer Depth	From	To					

Customer Representative <b>Justin Tinoco</b>	Station Manager <b>Justin Westerman</b>	Treater <b>Darin Franklin</b>
Service Units <b>92911 84981 19843 19959 19918</b>		
Driver Names <b>Darin Ed Ed Derrick Derrick</b>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<b>12:45pm</b>					<b>On location / safety meeting</b>
					<b>300SK 60/40 PO2, 4% O2, 1/4" Cell/Pic</b>
					<b>2310' 50SK</b>
<b>1:30pm</b>	<b>200</b>		<b>8</b>	<b>5</b>	<b>8 Water</b>
	<b>200</b>		<b>11</b>	<b>5</b>	<b>50SK</b>
	<b>200</b>		<b>3</b>	<b>5</b>	<b>3 Water</b>
	<b>200</b>		<b>23</b>	<b>5</b>	<b>23 mud</b>
					<b>1530' 80SK</b>
	<b>200</b>		<b>8</b>	<b>5</b>	<b>8 Water</b>
	<b>200</b>		<b>17</b>	<b>5</b>	<b>80SK</b>
	<b>200</b>		<b>3</b>	<b>5</b>	<b>3 Water</b>
	<b>200</b>		<b>10</b>	<b>5</b>	<b>10 mud</b>
					<b>750' 50'</b>
	<b>100</b>		<b>15</b>	<b>5</b>	<b>15 Water</b>
	<b>100</b>		<b>11</b>	<b>5</b>	<b>50SK</b>
	<b>100</b>		<b>5</b>	<b>5</b>	<b>5 Water</b>
					<b>330'</b>
	<b>100</b>		<b>3</b>	<b>5</b>	<b>3 Water</b>
	<b>100</b>		<b>11</b>	<b>5</b>	<b>50SK</b>
	<b>100</b>		<b>1</b>	<b>5</b>	<b>1 Water</b>
	<b>50</b>		<b>17</b>	<b>3</b>	<b>40' 20SK, PH-30SK, MH-20SK</b>



**BASIC** SM  
**ENERGY SERVICES**  
 PRESSURE PUMPING & WIRELINE

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

24-175-32W

FIELD SERVICE TICKET  
 1718 16586 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>6/19/2018</u> DISTRICT <u>Pratt, KS</u>		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER <u>Stelbor Oil Corp.</u>		LEASE <u>Hessington - Scheuermann Unit</u> WELL NO. <u>1-24</u>							
ADDRESS _____		COUNTY <u>Scott</u> STATE <u>Ks</u>							
CITY _____ STATE _____		SERVICE CREW <u>Darin Ed, Derrick</u>							
AUTHORIZED BY _____		JOB TYPE: <u>242/PTA</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
<u>19843</u>	<u>3</u>						<u>6/19</u>	<u>AM</u>	<u>7:30</u>
<u>19918</u>	<u>1</u>					ARRIVED AT JOB	<u>6/19</u>	<u>PM</u>	<u>12:45</u>
						START OPERATION	<u>6/19</u>	<u>AM</u>	<u>1:30</u>
						FINISH OPERATION	<u>6/19</u>	<u>PM</u>	<u>4:30</u>
						RELEASED	<u>6/19</u>	<u>AM</u>	<u>5:00</u>
						MILES FROM STATION TO WELL	<u>172</u>		

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: Juan Juan  
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>CP103</u>	<u>60/40 P02</u>	<u>SK</u>	<u>300</u>		<u>3,600 00</u>
<u>CC102</u>	<u>Cellulose</u>	<u>Lb</u>	<u>76</u>		<u>281 20</u>
<u>CC200</u>	<u>Cement + Gel</u>	<u>Lb</u>	<u>516</u>		<u>129 00</u>
<u>E100</u>	<u>unit miles charge - pickups, 5 hrs plus 1 hr on way</u>	<u>m.</u>	<u>100</u>		<u>450 00</u>
<u>E101</u>	<u>Heavy Equipment + miles</u>	<u>mi.</u>	<u>200</u>		<u>1,500 00</u>
<u>E113</u>	<u>Proppant + one Bulk Delivery charges - per ton mile</u>	<u>Tn/m</u>	<u>1290</u>		<u>3,225 00</u>
<u>CF203</u>	<u>Depth Charge; 2,001 - 3,000'</u>	<u>4hr</u>	<u>1</u>		<u>1,800 00</u>
<u>CF240</u>	<u>Blending + mixing Service charge</u>	<u>SK</u>	<u>300</u>		<u>420 00</u>
<u>S003</u>	<u>Service Supervisor, first 8 hrs on loc.</u>	<u>Es</u>	<u>1</u>		<u>175 00</u>

CHEMICAL / ACID DATA:			

SUB TOTAL 11,580 20

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$

TOTAL 6,600 71

SERVICE REPRESENTATIVE <u>Darin Frank</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Juan Juan</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. \_\_\_\_\_



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

24-175-32w

FIELD SERVICE TICKET

1718 16586 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: 6/19/2012		DISTRICT: Pratt		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:					
CUSTOMER: Slicker Oil Corp				LEASE: Herring Springs UN					
ADDRESS:				WELL NO. 1-2					
CITY:				COUNTY: Scott STATE: KS					
STATE:				SERVICE CREW: Dson, Fz, Doree					
AUTHORIZED BY:				JOB TYPE: 242/PJA					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
19843	3						6/19	AM	7:30
19918	1						6/19	AM	12:45
							6/19	AM	1:30
							6/19	AM	4:30
							6/19	AM	5:00
						MILES FROM STATION TO WELL	172		

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SIGNED: \_\_\_\_\_  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT	
CP103	60/40 P02	SK	300		3,600 00	
CC102	Celkem 1500	LB	76		281 20	
CC100	Cement Gel	LB	516		129 00	
F100	un m jesse chaise - Perfor 5m	m	100		450 00	
F101	Hose, 1/2" x 100' m jesse	m	200		1,500 00	
F113	Preppa, 1/2" x 100' Perfor chaise - Perfor ten mile	10/10	1290		3,225 00	
CF103	Dep'n Chaise; 2.001 3.000	4h	1		1,800 00	
CF140	Birco 1/2" x 100' Service Chaise	SK	300		420 00	
5003	Service Support Pump	FS	1		175 00	
					SUB TOTAL	11,580 20
					SERVICE & EQUIPMENT %TAX ON \$	
					MATERIALS %TAX ON \$	
					TOTAL	12,600 71

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: *[Signature]*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

FIELD SERVICE ORDER NO. \_\_\_\_\_

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)