### KOLAR Document ID: 1413929

**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 Description:
Address 1:	Sec 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:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:  SWD Permit #:  SWD Permit #:    ENHR Permit #:  Gas Storage Permit #:  Gas Storage Permit #:  SWD    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.	County: Well #: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Commenced: Plugging Commenced: Plugging Completed:
Depth to Top: Bottom: T.D	Plugging Completed:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	r 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



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



## FIELD SERVICE TICKET 1718 16544 A

DATE TICKET NO. DATE OF JOB NEW WELL CUSTOMER ORDER NO.: U WDW la TT DISTRICT AS CUSTOMER 15 OI 5 inc COUTZ LEASE 11 WELL NO. ADDRESS Kinsman И COUNTY STATE SERVICE CREW MTTAL 114nson Magrau CITY STATE ASPADO. 2 - 42 AUTHORIZED BY ring NU JOB TYPE: EQUIPMENT# HRS EQUIPMENT# L-2 HRS EQUIPMENT# HRS AM 9 TIME TRUCK CALLED 86779 6 5 ARRIVED AT JOB AM 10:00 START OPERATION AM 11 LI 9918 - 5 **FINISH OPERATION** AM 1105 RELEASED AM LI 1.2 MILES FROM STATION TO WELL 2 5

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.

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVIC	ES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	IT
CP to 3	60/40 702		51	125		1,500	(1)
CP 100C	COMMUN		54	35		560	
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SERVICE	THE ABOVE	MATERIAL AND SERV	ICE	VN	John A Z	2	
REPRESENTATIV	E Milli Mapai ORDERED B	Y CUSTOMER AND RE	ECEIVED	) BYX ()(	$\gamma \gamma $		

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



# TREATMENT REPORT

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Customer	Soil +	5A, i	n(	Lease No.					Date	1)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Lease GORIZ A				Well #					4 7	e 25	5-18			
Field Order	# Statio	n Prat	t-7		С	asing	Dept	h/450	County	Kingn	AN	State MS		
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lug Depth	Packer D	epth From	То		Flush			Gas Volun	Gas Volume			ad		
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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383