KOLAR Document ID: 1418494

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 Tw	p S. R East West				
Address 2:					Feet from					
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)		OG D&A Cathodi SWD Permit #:		,		 				
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	ll (If needed attach another	sheet)				(KCC District Agent's Name)				
Depth to	Top: Botto	m: T.D		Plugging Commenced:						
Depth to	Top: Botto	m: T.D		Plugging Completed:						
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.					
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water	Records		Casing Re	g 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:	e:						
Address 1:			Address 2:	:						
City:			;	State:		Zip:+				
Phone: ()										
Name of Party Responsible fo	r Plugging Fees:									
State of	County, _			, ss.						
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed decertibed				
			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.



DISTRICT

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

44-19

FIELD SERVICE TICKET 1718 A

Pratt, Kansas 67124
Phone 620-672-1201

INEW OLD PROD INJ WDW CUSTOMER ORDER NO.:

LEASE WELL NO.

COUNTY STATE

CUSTOMER **ADDRESS** CITY STATE SERVICE CREW AUTHORIZED BY JOB TYPE: HRS **EQUIPMENT# EQUIPMENT# EQUIPMENT#** HRS HRS TRUCK CALLED 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	SUSED	UNIT	QUANTITY	UNIT PRICE	\$ AMOL	JNT
CP103	60:40 F62		SK	120	A LANGE SIN	144	2 00
86200	COMENT BEI		18	208	产 加米型型。	53	00
10200	CEMENT BEL		LB	1000	WENTER IN	20	200
E100	SIMALI VEHTCLE ILLTIE	A69	1111	50	TET 4	776	300
E101	HEAN FOUTDUENT WITH	18A69	11/2	m		1/50	m
E113	BUIL NELTYFRU CHAN	169	701	260		6.50	150
NF 202	DEDTH CHARGE		EA	1		1.500	200
CE-240	BLENDING MARGE		SK	120		168	100
5003	SERVICE SUPERVISOR		EA	1		175	TV
314-1-73							
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	Enter the Property of the Property			LL Earl			
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CH	EMICAL / ACID DATA:					5710	125
		SERVICE & EQUIPM	MENT		X ON \$		
TANK BE		MATERIALS	Way again	%TAX	X ON \$		
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SERVICE REPRESENTATIVE & BUNGARD

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



TREATMENT REPORT

Customer	B Als	11 3 46	Lea	ise No.			All Agrees	Date				
Lease			We	# 	1-11-1-11		d with					
Field Order #	Statio	No.			Casing	Depti		County		18166	State &	
Type Job	206	TO A	BANDO.	N		Formation	1		Legal I	Description		
PIPE	DATA	PER	FORATING D	ATA	FLUID (TREATMENT RESUME						
Casing Size	* Tubing Si	ze / Shots/I	Shots/Ft		Acid		RATE PRESS		PRESS	ISIP		
Depth 250	Depth	From	То		Pre Pad		Max	23	100	5 Min.		
Volume	Volume	From	То		Pad		Min			10 Min.		
Max Press	Max Pres	s From-		-	Frac		Avg			15 Min.		
Well Connection	n Annulus \	/ol. From	То				HHP Us	sed		Annulus Pre	essure	
Plug Depth	Packer D	epth From	То		Flush		Gas Vo	lume		Total Load		
Customer Rep	resentative	DOMIN:	ARSV	Station	Manager	TA Di)	Trea	ter A	22		
Service Units		20920	19903	98	60 70162							
A Comment	EOOY	No.	DARIN	F.	Keven							
e 1 Time	Casing Pressure	Tubing Pressure	Bbls; Pumpe	ed	- Rate	a servinda de la companya de la comp		7.4.	Service Log			
	* 30				LA AVID							
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11:00	18.8	100			. 3	1230	-	Com	2 Bel	(120	#/	
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