

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

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PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1007589	1718	06/29/2018
INVOICE NUMBER			
92745441			

Pratt (620) 672-1201
 B HERMAN L LOEB LLC
 I PO Box: 838
 L LAWRENCEVILLE
 L IL US 62439
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Pop 1-17
 O LOCATION
 B COUNTY Kiowa
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

6076 - 6420 - Pop

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41116837	19843		Net - 30 days	07/29/2018

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 06/27/2018 to 06/27/2018				
0041116837				
171817026A Cement-New Well Casing/Pi 06/27/2018 Cement/PTA				
60/40 POZ	210.00	EA	7.23	1,517.54 T
Cement Gel	362.00	EA	0.15	54.50 T
"Unit Mileage Chg (PU, cars one way)"	40.00	MI	2.71	108.40
Heavy Equipment Mileage	80.00	MI	4.52	361.32
Proppant & Bulk Del. Chgs., per ton mil	362.00	EA	1.51	544.99
Depth Charge; 1001'-2000'	1.00	EA	903.30	903.30
Blending & Mixing Service Charge	210.00	BAG	0.84	177.05
"Service Supervisor, first 8 hrs on loc.	1.00	EA	105.10	105.10

PAID
93684
JUL 17 2018

SCANNED

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,772.20
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	117.90
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	3,890.10
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>Hecman Loch</i>	Lease No.	Date <i>6-27-18</i>
Lease <i>PDP</i>	Well # <i>1-17</i>	
Field Order #	Station <i>Pratt Kansas</i>	Casing
Type Job <i>PTA 241</i>	Depth	County <i>Kiowa</i>
	Formation	State <i>KS</i>
		Legal Description <i>17-27-16W</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	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 <i>Larry Salgado</i>	Station Manager	Treater <i>Fernando Cardenas</i>
Service Units <i>75668 89480 21010 19902 73768</i>		
Driver Names <i>Fernando Kevan Kevan Devin Devin</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
19:00					Arrived on location / connected to well
19:15					Spot in trucks & Rinse
					210 Sbls Gellupoz 4" loc
					used 1.43, water 6.92, 13.400L
20:03		200	15	5	Pump H2O ahead
20:06		300	12.7	5	Mix 50% at 12.5 gpm @ 1190'
20:09		200	13.5	5	Pump H2O ahead
20:39		100	15	5	Pump H2O ahead
20:41		100	12.7	5	Mix 50% at 13.4 gpm @ 1190'
20:45		100	6.4	5	Pump H2O ahead
20:54		50	5	4	Pump H2O ahead
20:55		50	10	4	Mix 40% at 13.4 gpm @ 1190'
20:58			4		Pump H2O ahead
21:17		0	35	3	Mix 20% at 13.4 gpm Plug 60'
21:24		0	7	3	Plug back in with 30% at 13.4 gpm
22:00		0	5	3	Plug in place with 30% at 13.4 gpm
22:10					P.A. Down, Leave location
					Thank you!!
					Fernando Cardenas