

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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: Steiber Oil Corp Lease No. _____ Date: 8/28/2018
 Lease: Eitel Well # 15-9-1931 County: Scott State: KS
 Field Order # _____ Station Pratt Casing 5 1/2 Depth _____
 Type Job ZHI/PIA Formation _____ Legal Description 9-19-31W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME			
Casing Size	Tubing Size	Shots/Ft	Acid	Pre Pad	ISIP	RATE	PRESS	ISIP	Total Load
<u>5 1/2</u>	<u>2 3/8</u>								
Depth	From	To	Pre Pad		5 Min.				
Volume	From	To	Pad		10 Min.				
Max Press	From	To	Frac		15 Min.				
Well Connection	Annulus Vol.	To			HHP Used				
Plug Depth	Packer Depth	To	Flush		Gas Volume				

Customer Representative: Tyson Parks Station Manager: Darin Franklin Treater: Darin Franklin

Service Units	Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>37900</u>	<u>1:30pm</u>	<u>78982</u>				
<u>19843</u>		<u>73768</u>				<u>900 lbs silica / silica morning</u>
<u>5581</u>		<u>Dis 2</u>				<u>335 SK below pad 49660</u>
						<u>1378 ppv 143 vps 692 wsk</u>
<u>300</u>				<u>5</u>	<u>2</u>	<u>769 pps - 20 SK</u>
						<u>3100</u>
<u>300</u>				<u>70</u>	<u>3</u>	<u>Circuit to surface - 275 SK</u>
<u>0</u>				<u>10</u>	<u>1 1/2</u>	<u>Top off - 40 SK</u>
<u>4:15pm</u>						<u>Job Complete / Disconnect</u>
						<u>TASK YOU!!!</u>



BASIC
ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 16899 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>8/17/08</u> DISTRICT <u>P1st11Ks</u>		NEW WELL <input type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:
CUSTOMER <u>Steiber Oil Corp</u>		LEASE <u>Energy</u>					WELL NO. <u>15945</u>
ADDRESS		COUNTY <u>Scott</u>					STATE <u>Ks</u>
CITY		SERVICE CREW <u>Dana, Josh, Dsz</u>					
AUTHORIZED BY		JOB TYPE: <u>24hr P/O</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE
<u>19843</u>						ARRIVED AT JOB	<u>8/17 PM</u>
<u>73768</u>						START OPERATION	<u>8/17 AM</u>
						FINISH OPERATION	<u>8/17 AM</u>
						RELEASED	<u>8/17 AM</u>
						MILES FROM STATION TO WELL	<u>171</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: _____
(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 Poz</u>	<u>SK</u>	<u>335</u>		
<u>CC200</u>	<u>Cement 60</u>	<u>Lb</u>	<u>579</u>		
<u>CC131</u>	<u>SUGAR</u>	<u>Lb</u>	<u>150</u>		
<u>F100</u>	<u>Small miresse Cheese - Permap, Small 50282833</u>	<u>M</u>	<u>50</u>		
<u>F101</u>	<u>Hiscar Equipment - Mirresse</u>	<u>M</u>	<u>100</u>		
<u>F113</u>	<u>Proppant - 500 Bulk Pellets - Cheese, per container</u>	<u>Tons</u>	<u>1445</u>		
<u>CF204</u>	<u>Repair Cheese 3000 - 4,000</u>	<u>Lbs</u>	<u>1</u>		
<u>CE240</u>	<u>Blacings & Mixins Service Cheese</u>	<u>SK</u>	<u>335</u>		
<u>5003</u>	<u>Service Supervisor First 8 hrs on Loc.</u>	<u>F9</u>	<u>1</u>		
SUB TOTAL					

CHEMICAL / ACID DATA:	

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

Discard TOTAL 7,127.79

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