

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



Wellfile

PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1003965	1718	09/07/2018
INVOICE NUMBER			
92797467 <i>PLUGGING</i>			

Pratt (620) 672-1201
 B STELBAR OIL CORPORATION INC
 I 1625 N WATERFRONT PKWY STE 200
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Janssen Trust 1-24
 O LOCATION
 B COUNTY Scott
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41131796	86779		Net - 30 days	10/07/2018

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/06/2018 to 09/06/2018</i>				
0041131796				
171816923A Cement-New Well Casing/Pi 09/06/2018 Cement/PTA				
60/40 POZ	290.00	EA	7.32	2,122.80 T
Cement Gel	500.00	LB	0.15	76.25 T
Celloflake	73.00	LB	2.26	164.76 T
"Unit Mileage Chg (PU, cars one way)"	100.00	MI	2.75	274.50
Heavy Equipment Mileage	300.00	MI	4.58	1,372.50
Proppant & Bulk Del. Chgs., per ton mil	1,250.00	EA	1.53	1,906.25
Blending & Mixing Service Charge	290.00	SK	0.85	247.66
Depth Charge; 2001'-3000'	1.00	EA	1,098.00	1,098.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	106.75	106.75

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,369.47
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	200.92
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	7,570.39
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

Customer STELBAR OIL	Lease No.	Date
Lease JANSEN TRUST	Well # 1-24	9-6-2018
Field Order # 16923	Station PRATT, KS.	Casing
Type Job P.T.A.	Formation	Legal Description
	Depth	County SCOTT
		State Ks

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 2 7/8" DP	Tubing Size	Shots/Ft	290 SK	Acid	60/40 P02 W/ 1/4" DCTEL	RATE	PRESS
Depth	Depth	From	To	Pre Pad	@ 1.45 CUFT³	Max 1/4 #/SK CEUFILAKE	ISIP
Volume	Volume	From	To	Pad			10 Min.
Max Press	Max Press	From	To	Frac			15 Min.
Well Connection SUE 124	Annulus Vol.	From	To			HHP Used	Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush		Gas Volume	Total Load

Customer Representative Tyson DILKA	Station Manager J. WESTERMAN	Treater K. LESLEY
Service Units	816531 788608 86779 19959 21010	
Driver Names	LESLEY McGRAW DIAZ	

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
6:00 AM					ON LOCATION - SAFETY MEETING
7:45 AM					1 ST PLUG @ 2300' W/ 50 SK
7:55 AM	200		15	6	H ₂ O AHEAD
7:57 AM	200		13	6	MIX CMT @ 13.7 PPG
7:59 AM	200		4	6	H ₂ O BEHIND
8:00 AM	175		25	6	MUD BEHIND
8:35 AM					2 ND PLUG @ 1530' W/ 80 SK
8:38 AM	150		10	5	H ₂ O AHEAD
8:42 AM	150		21	5	MIX CMT @ 13.7 PPG
8:45 AM	100		14	5	H ₂ O BEHIND
9:15 AM					3 RD PLUG @ 750' W/ 50 SK
9:16 AM	100		5	5	H ₂ O AHEAD
9:19 AM	50		13	5	MIX CMT. @ 13.7 PPG
9:21 AM	50		4.5	5	H ₂ O BEHIND
9:37 AM					4 TH PLUG @ 300' W/ 40 SK
9:38 AM	50		5	5	H ₂ O AHEAD
9:40 AM	50		10	5	MIX CMT. @ 13.7 PPG
9:41 AM	0		4	5	H ₂ O BEHIND
					5 TH PLUG @ 60' W/ 20 SK
10:15 AM	0		5	3	MIX CMT TO SURFACE
10:25 AM			7.5		R.H. & M.H.
					JOB COMPLETE - KEVEN LESLEY



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

MH-40

FIELD SERVICE TICKET
1718 16923 A

DATE _____ TICKET NO. _____

DATE OF JOB <i>9-6-18</i> DISTRICT _____				NEW WELL <input checked="checked" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO. _____							
CUSTOMER <i>STELBAR OIL CORP.</i>				LEASE <i>JANSSEN TRUST</i> WELL NO. <i>1-24</i>							
ADDRESS _____				COUNTY <i>SCOTT</i> STATE <i>Ks.</i>							
CITY _____ STATE _____				SERVICE CREW <i>LESLEY, MCGRAW, DIAZ</i>							
AUTHORIZED BY _____				JOB TYPE: <i>242 P.T.A.</i>							
EQUIPMENT#		HRS		EQUIPMENT#		HRS		TRUCK CALLED <i>9-6-18</i> DATE		AM PM TIME	
<i>86779</i>		<i>3.5</i>						ARRIVED AT JOB		<i>AM 6:00</i>	
<i>21010</i>		<i>3.5</i>						START OPERATION		<i>AM 7:30</i>	
								FINISH OPERATION		<i>AM 11:00</i>	
								RELEASED		<i>AM 11:30</i>	
								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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<i>CP103</i>	<i>60/40 POZ</i>	<i>SK</i>	<i>290</i>		<i>3,480.00</i>
<i>CC 200</i>	<i>CEMENT GEL</i>	<i>lb</i>	<i>500</i>		<i>125.00</i>
<i>CC 102</i>	<i>CELLFLAKE</i>	<i>lb</i>	<i>73</i>		<i>270.10</i>
<i>E 100</i>	<i>PICKUP MILEAGE</i>	<i>MI</i>	<i>100</i>		<i>4.50.00</i>
<i>E 101</i>	<i>HEAVY EQUIPMENT MILEAGE</i>	<i>MI</i>	<i>300</i>		<i>2,250.00</i>
<i>E 113</i>	<i>BULK DELIVERY CHARGE</i>	<i>TMI</i>	<i>1250</i>		<i>3,125.00</i>
<i>CE 203</i>	<i>DEPTH CHARGE, 2001-3000'</i>	<i>HR</i>	<i>1-4</i>		<i>1,800.00</i>
<i>CE 240</i>	<i>BLENDING & MIXING CHARGE</i>	<i>SK</i>	<i>290</i>		<i>406.00</i>
<i>S 003</i>	<i>SERVICE SUPERVISOR</i>	<i>EA</i>	<i>1</i>		<i>175.00</i>

CHEMICAL / ACID DATA:			

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

SUB TOTAL *12,081.10*
TOTAL *7,369.42*
JWW

SERVICE REPRESENTATIVE *[Signature]* THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____