

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



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1007020	1718	09/13/2018
INVOICE NUMBER			
92802723			

Pratt (620) 672-1201
 B EDISON OPERATING COMPANY LLC
 I 8100 E 22ND ST N
 L WICHITA
 L KS US 67226
 T
 O ATTN: DAVID WITHROW

J LEASE NAME R.D. Waters E-1
 O LOCATION
 B COUNTY Stafford
 S STATE KS
 I JOB DESCRIPTION Cement-Casing Seat-Prod W
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41132991	20920		Net - 30 days	10/13/2018

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/12/2018 to 09/12/2018</i>				
0041132991				
171816928A Cement-Casing Seat-Prod W 09/12/2018 Cement PTA				
60/40 POZ	225.00	EA	7.32	1,647.00
Cement Gel	1,588.00	LB	0.15	242.17
"Unit Mileage Chg (PU, cars one way)"	35.00	MI	2.74	96.07
Heavy Equipment Mileage	70.00	MI	4.58	320.25
340---Propp & Bulk Del.Chgs per ton mil	1.00	EA	517.74	517.74
Blending & Mixing Service Charge	225.00	SK	0.85	192.15
Depth Charge; 501'-1000'	1.00	EA	732.00	732.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	106.75	106.75

*CEMENT TO PLUG WELL
9080*

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,854.13
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	0.00
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	3,854.13
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 16928 A

DATE _____ TICKET NO. _____

DATE OF JOB		DISTRICT		NEW WELL <input type="checkbox"/>		OLD WELL <input checked="" type="checkbox"/>		PROD <input type="checkbox"/>		INJ <input type="checkbox"/>		WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:	
CUSTOMER				LEASE				WELL NO.							
ADDRESS				COUNTY				STATE							
CITY				STATE				SERVICE CREW							
AUTHORIZED BY				JOB TYPE:											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
						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 USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 113	CEMENT	SK	225		2700
CP 210	CEMENT GEL	lb	328		19
CP 202	CEMENT GEL	lb	1200		70
F 112	TRUCK MILEAGE	hr	35		157.50
F 101	TRUCK MILEAGE	hr	70		325.00
F 113	TRUCK DELIVERY CHARGE	hr	740		848.00
F 211	DEPTH CHARGE	hr	14		1,200.00
CF 210	CEMENT MILEAGE CHARGE	SK	225		315.00
S 603	SERVICE SUPERVISOR	EA	1		175.00
SUB TOTAL					6316

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
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FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>EDISON OP.</i>	Lease No.	Date <i>9-12-2018</i>	
Lease <i>R.D. WATERS</i>	Well # <i>E-1</i>		
Field Order # <i>10928</i>	Station <i>PRATT, KS.</i>	Casing	Depth
Type Job <i>P.T.A.</i>	Formation	County <i>STAFFORD</i>	State <i>Ks</i>
		Legal Description <i>1-255-15W</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size" <i>2 7/8</i>	Shots/Ft	<i>225 SKS</i>	Pre Pad <i>1.43 CUFT³</i>	Max	RATE	PRESS	ISIP
Depth	Depth	From	To	Pad	Min			5 Min.
Volume	Volume	From	To	Frac	Avg			10 Min.
Max Press	Max Press <i>500</i>	From	To	Flush	HHP Used			15 Min.
Well Connection	Annulus Vol.	From	To		Gas Volume			Annulus Pressure
Plug Depth	Packer Depth	From	To					Total Load

Customer Representative <i>BARRY WALTERS</i>	Station Manager <i>J.W.</i>	Treater <i>K. LESLEY</i>
Service Units <i>86531 84980 20920 70959 19862</i>		
Driver Names <i>LESLEY MARQUEZ WALKER</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>11:30 AM</i>					<i>ON LOCATION - SAFETY MEETING</i>
<i>12:38 PM</i>					<i>*1ST PLUG @ 912' W / 50 SKS</i>
<i>12:45 PM</i>			<i>30</i>	<i>5</i>	<i>MIX 1200 # GEL</i>
<i>12:50 PM</i>			<i>12.7</i>	<i>5</i>	<i>MIX 50 SKS @ 13.8 PPPG</i>
<i>12:51 PM</i>			<i>1</i>	<i>5</i>	<i>H₂O DISPLACEMENT</i>
					<i>2ND PLUG @ 342' W / 50 SKS</i>
<i>1:30 PM</i>			<i>12.7</i>	<i>4</i>	<i>MIX 50 SKS @ 13.8 PPPG</i>
<i>1:34 PM</i>			<i>.4</i>	<i>4</i>	<i>DISPLACEMENT</i>
					<i>3RD PLUG 63' TO SURFACE</i>
<i>2:30 PM</i>			<i>13</i>		<i>CMT TO SURFACE</i>
					<i>TOP OFF LAST WELL</i>
					<i>JOB COMPLETE,</i>
					<i>THANKS -</i>
					<i>KEVEN LESLEY</i>