KOLAR Document ID: 1423555

**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 -							
				Spot Description:							
Address 1:			I .	Sec Twp S. R East Wes							
				Feet from North / South Line of Section							
City:	State:	Zip: +		Feet from East / West Line of Section							
Contact Person:			Footage	Footages Calculated from Nearest Outside Section Corner:							
Phone: ( )				□ NE □ NW	SE SW						
Water Supply Well ENHR Permit #:  Is ACO-1 filed? Yes  Producing Formation(s):	Other: Ga S No If not, i	SWD Permit #:  as Storage Permit #:  swell log attached? Yes [  nother sheet)  Bottom: T.D.	Lease N Date We The plug	County: Well #: Well #: Date Well Completed: (Date by: (KCC District Agent's Name by: (KCC District Agent							
De	pth to Top:	Bottom: T.D	""								
De	pth to Top:	Bottom:T.D	——— Plugging	g Completed:							
Show depth and thickness	ss of all water, oil and gas	formations.									
Oil, Gas or V	Water Records		Casing Record (Su	Casing Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size	Setting Depth	Pulled Out						
		plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth placed from the muter of same depth placed from the same depth placed from t	·		ods used in introducing it into the hole. If						
Plugging Contractor Lice	ense #:		_ Name:	:							
Address 1:			_ Address 2:								
City:			State:								
Phone: ( )											
Name of Party Responsil	ble for Plugging Fees:										
State of	Cou	unty,	, SS.								
	(Print Na	ma)	E	mployee 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.



## FIELD SERVICE TICKET 1718 **16891** A

BASIC <sup>®</sup>	P.O. Box 8613 Pratt, Kansas 67124
ENERGY SERVICES	Phone 620-672-1201
DDESSLIDE DLIMDING & WIDELINE	<i>a</i> 1

	PRESSURE	JUMPI	NG & WIRELINE 2/	-21	5-1	30		DATE	TICKET NO.				
DATE OF 8/13/ 2018 DISTRICT Pread IN						WELL □	WELL X	PROD IN	J □ WDW		USTOMER RDER NO.:		
CUSTOMER LD Drilling, Inc					LEASE 5	Smu	/			WELL NO.	1		
ADDRESS						COUNTY SAS Flora STATE KS							
CITY	STATE	SERVICE CREW DSIIN, M. McGree, Pocky											
AUTHORIZED E	3Y					JOB TYPE:	24	IL PT	9	-	/		
EQUIPMENT# HRS EQUIPMENT# HRS EQUI							HRS	TRUCK CAL	LED	297	E AMB S	IME OO	
19843 142								ARRIVED AT	ГЈОВ	8/1		45	
19860	- 19	2						START OPERATION &			13 6 12%		
*		-		-				FINISH OPE	RATION	8/1	3 命2		
		-					RELEASED			8/1			
¥.								42					
become a part of the	nis contract wi	thout th	and only those terms and c e written consent of an offic	cer of Basic E	Energy Ser	vices LP.		GIGNED:	ER, OPERATOR,	CONT	RACTOR OR A	GENT)	
REF. NO.	10/11		TERIAL, EQUIPMENT A	AND SERVI	CES USE	:D	UNIT	QUANTITY	UNIT PRIC	E	\$ AMOU	VT	
CY103	60/40	_	4				SK	175			2100	06	
CC 200	Cemer						10	330			250	50	
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5003	Service	- 50	per Visor, Fire	sr & hi	son	Loc.	ES	1			175	00	
CHE	MICAL / ACID	DATA:							SUB TO	TAL	5657	50	
	SERV						RVICE & EQUIPMENT %TAX ON \$  TERIALS %TAX ON \$						
					IMATE	ERIALS				TAI	_	$\vdash$	
	1.							Vis	Scoon Jo	W	3,451	08	

SERVICE REPRESENTATIVE HOLE FRESENTATIVE

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



## TREATMENT REPORT

Customer D Drilling, Inc.						Lease No.						Date Colonia							
Lease School						Well #					8/13/2011								
Field Order # Station Prs ++, 161						Casing							County SAS Flore				Ks		
Type Job	241/	PI	1						For	matior				Legal De	scription	7-21	1-130		
PIF	TING	NG DATA FLUID USE					TREATMENT RESUME												
CastneySize Tubing Size Shots/Ft				Acid				RATE			PRESS ISIP								
Depth 80	epth 800 Depth From To			То	Pre Pad					Max			5 Min.						
Volume 19	olume I G Volume			То	Pad					Min			10 Min.						
Max Press	Max Pre	ess	From		То	Frac			Avg				15 Min.						
Well Connect	tion Annulus	Vol.	From		То						HHP Used			Annulus Pressure					
Plug Depth	Packer	Depth	From		То	Flush W9 to			er		Gas Volume			Total Load					
Customer Re	epresentative	)				Station	Mana	ager Ju	Stin	Wes	s de/mon	Treate	D	grin )	Figh	elin			
Service Units	92511	- 78	-982	1984	13	19905	7	19860	379	00									
Driver Names			Crox	mes	ra	Pack	ey.	Pacin	Dsr	'n									
Time	Casing Pressure		ubing essure	Bbls	bls. Pumped			Rate	Service Log										
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