KOLAR Document ID: 1423701

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 #:	I API No.	15 -						
Name:		Spot Description:						
Address 1:	'	Sec Twp S. R East We						
Address 2:		Feet from North / South Line of Section						
City:	+	Feet from East / West Line of Section						
Contact Person:	Footage	Footages Calculated from Nearest Outside Section Corner:						
Phone: ()		NE NW SE SW						
Type of Well: (Check one) Oil Well Gas Well OG D&A Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: s ACO-1 filed? Yes No If not, is well log attached? Yeroducing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	Lease N Date We The plug by:	County: Well #: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced:						
Depth to Top: Bottom: T.D.								
Depth to Top: Bottom:T.D.		g Completed						
Show depth and thickness of all water, oil and gas formations.								
Oil, Gas or Water Records	Casing Record (Su	rface, Conductor & Prod	duction)					
Formation Content Casing	Size	Setting Depth	Pulled Out					
Describe in detail the manner in which the well is plugged, indicating where to the cement or other plugs were used, state the character of same depth placed from the	·		ods used in introducing it into the hole. If					
Plugging Contractor License #:	Name:	e:						
Address 1:	Address 2:	ss 2:						
City:	State:							
Phone: ()								
Name of Party Responsible for Plugging Fees:								
State of County,								

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.

/ell File



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1003965	1718	09/28/2018
	INVOICE	NUMBER	

92814758

PluGIGIENG

Pratt

(620) 672-1201

B STELBAR OIL CORPORATION INC 1 1625 N WATERFRONT PKWY STE 200

WICHITA

KS US

67206

O ATTN:

ACCOUNTS PAYABLE

LEASE NAME

Eitel Trust

1-11

LOCATION

COUNTY

Scott

S STATE

T

KS

JOB DESCRIPTION

Cement-New Well Casing/Pi

JOB CONTACT E

JOB #	EQUIPMENT #	PURCHASE	ORDER NO.		TERMS	DUE DATE
41135857	20020					
41133637	20920				Net - 30 days	10/28/2018
			QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Date	s: 09/25/2018 to	09/25/2018		M		
0041135857						
171817426A Cen	nent-New Well Casing/	Pi 09/25/2018				
60/40 Poz			300.00	SK	7.20	2.400.00
Celloflake			76.00		7.32 2.26	113
Cement Gel			516.00		0.15	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Light Vehicle Miles			100.00		2.75	100 100 11 12
Heavy Equipment	Mileage		200.00	MI	4.58	
Bulk Del. Chgs			1,290.00	EA	1.53	
Depth Charge, 200			1.00		1,098.00	
Blending & Mixing Supervisor	Service Charge		300.00		0.85	256.20
Supervisor	8.*		1.00	HR	106.75	106.75
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		, 10				
						16.
				1		

PLEASE REMIT TO:

SEND OTHER CORRESPONDENCE TO:

BASIC ENERGY SERVICES, LP BASIC ENERGY SERVICES, LP PO BOX 841903 DALLAS, TX 75284-1903

801 CHERRY ST, STE 2100 FORT WORTH, TX 76102

SUB TOTAL

7,063.92 207.93

TAX INVOICE TOTAL

7,271.85



TREATMENT REPORT

Customer	Istomer Stc/hoc Gil Lease No.					Date 4-25-146										
Lease Eitcl Toust				W	Well#						, ,					
Field Order #	Statio	n o	+ 1 Ka	1061.6	Casing 41/2 v				ith 23001	County	State (6					
Type Job	TAZ	-417			9		1	Formatio	on	6		Legal D	escription /	1-195-314		
PIPE DATA PERFORATING DATA				DATA		FLUID	USED	T.	REAT	a. Evil property - 1	RESUME					
Casing Size	Tubing Si	ize Sh	ots/Ft		Acid			, fa		RATE	PRES	RESS ISIP				
Depth 310	Depth 2300		om ·	То	Pre Pad			-29				5 Min.				
Volume	Volume	Fro	om	То	Pad				Min			10 Min.				
Max Press	Max Pres	s Fro	om	То	+	Fra	C		Avg				15 Min.			
Well Connection	Annulus \	Vol. Fro	m	То					HHP Use	d			Annulus F	Pressure		
Plug Depth	Packer D	epth Fro	m	То	ø	Flus	sh	40	Gas Volu	me			Total Load			
Customer Repr	esentative	Haw	Alon Lo	oftis	Station	Mana	ager 5 us	Hawes	terman	Treat	er F	200:4	cord!	MO		
	78868	849	80 2	0920	709	59.	19662				-					
Driver Names	Fennis	600	/	004	504	0	505C		*	,			2 (1 mm)			
Time	Casing Pressure	Tubin Pressu	g ire Bb	ols. Pump	ed		Rate	^		ė	Service	e Log				
0630	, , , , , , , , , , , , , , , , , , ,					, Fo	m i i	Acci	jer or	loc	ation	2/50	ELVI	restince		
0645				ig is		7		Pia.	Deol	Linko	nend	and the second)		
2630	e a figura i	150) /	15	4	4,5	5	Pump HZO Ahear								
3833		100	0 /	2.7		3		Mix-	-503+	60/4	o Po	201	3.800	1- 23007		
3838		100	, ,	5.2		3		Punc	g N20 behind							
5842		150	5	24		6		Pump	mude	mud Displacement						
0916	1,1	100	5 1	10		3.	5	Pum	Pump H20 aheard							
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010	* 1	100		2.7		4	I. v	Mix	5054	0/46	Por	-0	13.800	650'		
1014		75		6		4			N20				1			
030		75		5	n	3			0 HZ0					***		
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· A	*							1st Play	2300'-1	1400-	210,	96 -	Toc-2	089.04		
	× × ×	* 50		*	, A;	4 19		2Nd Plag.	-15001-	Moc-	- 33	2.22	Toc-	- 1167.78		
z , t z .						W.		300 Plug	-650'-	Hoc.	-210	.96'	Toc-	429.041		
		ý s	-	E 40				4th Pluy	340'-	Hoc-	200	5.31'	TOC- 1	39.691		
Pro Na				30	E	-		5th Plug	60'- 14	00-6	0' 70	16-50	rfoce			



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

FIELD SERVICE TICKET 1718 17426 A

The same of the sa	PRESSU	IRE PUM	PING & WIRELINE		4			DATE	TICKET NO). <u> </u>	diamping of			
DATE OF 4	25-	14 1	DISTRICT Proxt	Kansas	5	NEW O	VELL .	PROD IN	J 🔲 WDW		CUSTOMER ORDER NO.	V _{max}		
CUSTOMER 4	Stc	160	-0:1			LEASE E.	'tel	Trus	+	5 p = 0	WELL N	0.]-1/		
ADDRESS						COUNTY SCOTT STATE/Languas								
CITY STATE						SERVICE CREW FOR SERVICE 305C								
AUTHORIZED B	BY .					JOB TYPE: 01A Z-412								
EQUIPMENT	Г#	HRS	EQUIPMENT#	HRS	EQU	IPMENT#	HRS	TRUCK CAI	LED	DA	TE AMP	TIME		
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			College Brown College			F. P		MILES FRO	M STATION T	O WEL	L 100	5		
products, and/or su	pplies inc	orized to e cludes all	TRACT CONDITIONS: (Thisexecute this contract as an of and only those terms and the written consent of an of	agent of the cu d conditions app	stomer. As bearing on	such, the undersi the front and back	igned agre of this do	ees and acknow cument. No add	ledges that this itional or substitu	contract ute terms	and/or condit	lions shal		
ITEM/PRICE REF. NO.	6 5 =	N	ATERIAL, EQUIPMENT	FAND SERVI	ICES USE	D	UNIT	QUANTITY	UNIT PR	ICE	\$ AMOUNT			
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				J					1	OTAL ~\)	7063	92		

SERVICE REPRESENTATIVE -

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: \(\)

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)