KOLAR Document ID: 1425799

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
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #:	County: Well #: Lease Name: Well #:
Is ACO-1 filed?	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	· · · · · · · · · · · · · · · · · · ·

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 F	Fees:				
State of	County,		_ , SS.		
	(Print Name)		_ Employee of Operator or	Operator on above-describ	ed 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.

Submitted Electronically

FIELD SERVICE TICKET

SERVICES ENERGY PRESSURE PUMPING & WIRELINE

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

1718 17427 A

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					1		DATE H	UKET NU	
DATE OF 9-25-	14 e	DISTRICT Prast K	, 	7			PROD INJ		USTOMER RDER NO.:
CUSTOMER Days	1.25	Felcolenni.	<u></u>	· · · ·		Caler	<u>Maria (na</u>	·	WELL NO. 2-36
ADDRESS			· · · · · · · · · · · · · · · · · · ·		COUNTY /			STATE / Ar	152-1-2
CITY		STATE			SERVICE CI	REW	<u>nia Don</u>	1 7,040	
AUTHORIZED BY			*******		JOB TYPE:	PT	A 2-1	12	
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/ 911 ()	<u> </u>	<u></u>				-	START OPERAT	ΓΙΟΝ	AM 2100
							FINISH OPERA	FION	PM 236
							RELEASED	· .	AM 2330
							MILES FROM S	TATION TO WELI	- 125

-m+25

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. レイ SIGNED:_

(WELL OWNER,		

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USE) UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	T
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				J.		

FIELD SERVICE ORDER NO.

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

SERVICE

REPRESENTATIVE

FIELD SERVICE TICKET 1718 17427 A



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

DATE TICKET NO.

DATE OF JOB	D	ISTRICT					PROD INJ WDW CUSTOMER ORDER NO.:
CUSTOMER	an a		200 		LEASE		WELL NO.
ADDRESS					COUNTY		STATE
CITY		STATE			SERVICE C	REW	
AUTHORIZED BY					JOB TYPE:		
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED DATE AM TIME
	20						ARRIVED AT JOB
		3					START OPERATION
		M					FINISH OPERATION AM
							RELEASED AM
							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.

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(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

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ORDERED BY CUSTOMER AND RECEIVED BY:

REPRESENTATIVE



energy services, L.P.

and and a

TREATMENT REPORT

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Customer D	0-14-05	Petrule	UMine	Lease No.	•		-		Date 7 - 1	25-1.	5			
Lease 50	isen 1	isa uni	+	Well #	2-3	6]					
Field Order #	Statio	n >			×	Casing	Dept	h	County	11.5		State 125		
Type Job	OTA .	2-47-				6.4	Formation)			Description	6-125-160		
PIPE	E DATA	PER	FORATIN	IG DATA		FLUID L	ISED		TRE	ATMENT	RESUME			
Casing Size	Tubing Si	ze Shots/F	-t		Acid					ESS	ISIP			
Depth 2 < 9	Depth	Co From			Pre F	ad		Max			5 Min.			
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Max Press	Max Pres	s _	. To)	Frac			Avg		· · · · · · · · · · · · · · · · · · ·	15 Min.	₩.1999.0000		
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Customer Rep	resentative	Sason Go	<u>x/[</u>	Statior	n Manag	er JVS	Ela unes	Lerman	Treater	Frank	5 Gar	ditta		
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