KOLAR Document ID: 1430137

**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 #:			AF	PI No. 1	5	
Name:						
Address 1:			_		Sec Tv	vp 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:			Fo	otages	Calculated from Neare	st Outside Section Corner:
Phone: ( )					NE NW	SE SW
Type of Well: (Check one)		OG D&A Cathodic	Co	,		Well #:
ENHR Permit #:	Gas Sto	rage Permit #:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes			•	oved on: (Date)
Producing Formation(s): List A	II (If needed attach another	sheet)	by	:		(KCC <b>District</b> Agent's Name)
Depth to	Top: Botton	m: T.D	<sub>Pli</sub>	ıaaina	Commenced:	
Depth to	Top: Botto	m: T.D		00 0		
Depth to	Top: Botto	m:T.D		agging	Completed.	
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water	Records		Casing Reco	rd (Sun	face, Conductor & Produc	ction)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
cement or other plugs were us		-				ds used in introducing it into the hole. If
Plugging Contractor License #	:		Name:			
Address 1:			Address 2: _			
City:			Sta	ate:		Zip:+
Phone: ( )						
Name of Party Responsible fo	r Plugging Fees:					
State of	County, _		, s	SS.		
			Г	_	nployee of Operator or	Operator on above-described well,
	(Print Name)			=[]	inproyee or 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.



INVOICE DATE	12/07/2018	R	
YARD #	1718	NUMBER	92863375
CUST NO	1003965	INVOICE	928
PAGE	1 of 1		

(620) 672-1201 Pratt

B STELBAR OIL CORPORATION INC | 1625 N WATERFRONT PKWY STE 200 | WICHITA

67206 KS US
O ATTN:

Christy Unit LEASE NAME LOCATION 7 O E

1-19

STATE JOB DESCRIPTION JOB CONTACT COUNTY о \_ ⊢ ш

Cement-Casing Seat-Prod W Scott KS

ACCOUNTS PAYABLE

39  Be Dates:							
e Dates:	20920				Net - 30 days	01/06/2019	
	12/06/2018 to 12/06/2018	12/06/2018	ХĪО	D A	UNIT PRICE	INVOICE AMOUNT	
0041148739				ě.			
171817582A Cement-Casing Seat-Prod W 12/06/2018 Plug to Abandon	Casing Seat-Prod	W 12/06/2018					
GO/40 POZ Cement Gel "Unit Mileage Chg (PU, cars one Heavy Equipment Mileage Proppant & Bulk Del. Chgs., per t Depth Charge; 3001-4000' Blending & Mixing Service Charge "Service Supervisor, first 8 hrs on	eage Chgs., per ton mil 4000' ervice Charge first 8 hrs on loc.		310.00 534.00 100.00 1,335.00 310.00 1.00	M M M M M M M M M M M M M M M M M M M	7.20 0.15 2.70 4.50 1,296.00 0.84 105.00	2,232.00 T 80.10 T 270.00 T 900.00 T 2,002.50 T 1,296.00 T 105.00 T	
PLEASE REMIT TO: BASIC ENERGY SERVI PO BOX 841903 DALLAS,TX 75284-19	TO: SEND SERVICES, LP BASIC 84-1903 FORT	OTHER C ENERGY HERRY S WORTH,	ORRESPONDENCE TO: SERVICES, LP T, STE 2100 TX 76102	SUB	SUB TOTAL TAX ICE TOTAL	7,146.00 607.41 7,753.41	



TREATMENT REPORT

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Lease (h	ケケシ	MUIL		Well #	61-1			9 - 7 /	21-6
Field Order#	Station	Pratt			Casing	5	14376 County	y 50017	State //
Type Job	1 lh-2	Plug To		ABONDUN		Formation		Legal D	Legal Description
PIPE	PIPE DATA		ORAT	ORATING DATA	FLUID	FLUID USED		TREATMENT RESUME	RESUME
Casing Size	$\overline{}$	e Shots/Ft	تت		Acid 3 (U	SM; 60	140 PORATE	PRESS	ISIP
Depth 77		From		То ОТ	Pre Pad $\psi$	90 301	Max		5 Min.
Volume u		-	->	70	Pad		Min		10 Min.
Max Press	Max Press			То	Frac	5 <sup>1,2</sup> 8 <sup>1</sup>	Avg		15 Min.
Well Connection	Annulus Vol.			To		*5	HHP Used		Annulus Pressure
Plug Depth	Packer Depth	-		인	Flush		Gas Volume		Total Load
Customer Representative-	esentative	YSON D	1/42	Station	Station Manager Mester Interport	ned my out 5	Treater	ater My NTTM(	
ervice Units	83353		5498		20	19889	1986		
Driver Names	ATTAI		74 1/2	91a4+2		0 7 6	>	ir -	
Time A <sup>A</sup>	Casing Pressure	Tubing Pressure	Bbls.	Bbls. Pumped	Rate	)	j	- Coingo	
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10244 NE Hwy. 61 P.O. Box 8613 Praft, Kansas 67124 Phone 620-672-1201

## K FIELD SERVICE TICKET

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DATE TICKET NO.	NEW CLD OLD PROD INJ WDW CUSTOMER WELL ORDER NO.	LEASE Christy Gair	STATE N	THAI MAN	JOB TYPE: Z-41 Mug to 115911100	AAA STAG	I HUCK CALLED 12 5 FIN 6:05	ARRIVED AT JOB 12.6 AM 9:26	START OPERATION AND GIVENS	FINISH OPERATION AM /2:45	RELEASED AM 1 3 0	MILES FROM STATION TO WELL 100
	SPL G	heis	130	EW A	2.5	HBC		200				
	NEW	LEASE (	COUNTY SCUTT	SERVICE CR	JOB TYPE:	FOLIPMENT#		A STATE OF			W. The State of the	
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	JOB 12-6-1	CUSTOMER 5 + «	ADDRESS	CITY	AUTHORIZED BY	EQUIPMENT#	20650	Harry a wife a pige of the leaves	19860	The state of the s		Section 2 Section 2

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:

TEMANDOLOT			(WELL-OWNE	(WELL-UWNEH, OPEHATOR, CONTRACTOR OR AGENT)	TRACTOR OR AC	SENT)
REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	TINO	QUANTITY	UNIT PRICE	TMI IOM &	-
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	CHEMICAL / ACID DATA:			SOB LOTAL	016	3
1	SERVICE & EQUIPMENT	UIPMENT	%TAX ON \$	\$ NO		
	MATERIALS		%TAX ON \$	\$ NO		

2 2 FIELD SERVICE ORDER NO. SERVICE REPRESENTATIVE

Mattal

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

TOTAL