

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 #: _____
 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 1 of 1	CUST NO 1003965	YARD # 1718	INVOICE DATE 12/07/2018
INVOICE NUMBER 92863375			

Pratt (620) 672-1201
 B STELBAR OIL CORPORATION INC
 L 1625 N WATERFRONT PKWY STE 200
 L WICHITA
 T KS US 67206
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Christy Unit 1-19
 O LOCATION
 B COUNTY Scott
 S STATE KS
 I JOB DESCRIPTION Cement-Casing Seat-Prod W
 T E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
411148739	20920		Net - 30 days	01/06/2019
For Service Dates: 12/06/2018 to 12/06/2018				
0041148739				
171817582A Cement-Casing Seat-Prod W 12/06/2018 Plug to Abandon				
60/40 POZ				
Cement Gel				
"Unit Mileage Chg (PU, cars one way)"				
Heavy Equipment Mileage				
Proppant & Bulk Del. Chgs., per ton mil				
Depth Charge; 3001-4000'				
Blending & Mixing Service Charge				
"Service Supervisor, first 8 hrs on loc.				
310.00	EA		7.20	2,232.00 T
534.00	EA		0.15	80.10 T
100.00	MI		2.70	270.00 T
200.00	MI		4.50	900.00 T
1,335.00	EA		1.50	2,002.50 T
1.00	EA		1,296.00	1,296.00 T
310.00	BAG		0.84	260.40 T
1.00	EA		105.00	105.00 T

PLEASE REMIT TO: SEND OTHER CORRESPONDENCE TO:
 BASIC ENERGY SERVICES, LP BASIC ENERGY SERVICES, LP SUB TOTAL 7,146.00
 PO BOX 841903 801 CHERRY ST, STE 2100 TAX 607.41
 DALLAS, TX 75284-1903 FORT WORTH, TX 76102 INVOICE TOTAL 7,753.41

BASIC

energy services, L.P.

TREATMENT REPORT

Customer	Stelber oil		Lease No.	
Lease	Christy unit		Well #	1-19
Field Order #	Station	Casing	Depth	Date
17582	Pratt	5 1/2	4370	12-6-18
Type Job	2-41 plug to abandon		County	State
			Scott	WV
			Legal Description	
			19 175-32w	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft		Acid	Pre Pad	Pad	ISIP
6 7/8				310 Sks 60/40 Puz	490 gal		5 Min.
Depth 4370	Depth	From	To				10 Min.
Volume 704	Volume	From	To				15 Min.
Max Press 1800	Max Press	From	To				Annulus Pressure
Well Connection 3	Annulus Vol.	From	To				Total Load
Plug Depth 4370	Packer Depth	From	To				

Customer Representative	Ysua Dilma		Station Manager	Wesley Ryan		Treater	MATTAI	
Service Units	83333		84980	20920	19889	19860		
Driver Names	MATTAI		MATTAI		DJA			
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log			
9:25		500	90		ON LOCATION SAFETY MEETING			
9:48		600	62	3.5	LOAD CASING ESTABLISH CIRC			
10:25		750	2.8	3	1st plug @ 3100'			
10:44					MIX 245 Sks 60/40 Puz			
11:58		200	14	3	PUMP 7.8 bbl displacement			
12:16		400	1		2nd plug @ 500'			
12:36					MIX 55 Sks 60/40 Puz			
					PUMP 5 Sks 60/40 into hand truck			
					TOP OFF WELL WITH 5 Sks 60/40 Puz			

JOB COMPLETE
 Thank You!
 MIKE MATTAI
 EDUARDO + JOSE

