

**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.

\_\_\_\_\_  
(Print Name) ☐ Employee 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.

Submitted Electronically

**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

# FIELD SERVICE TICKET

1718 17487 A

DATE                      TICKET NO.

DATE OF JOB <u>11/22/2014</u> DISTRICT <u>PR924, KCS</u>				NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:			
CUSTOMER <u>LD Drilling</u>				LEASE <u>Riemson</u> WELL NO. <u>147</u>			
ADDRESS				COUNTY <u>Leone</u> STATE <u>KCS</u>			
CITY STATE				SERVICE CREW <u>Dson, Ed, David</u>			
AUTHORIZED BY				JOB TYPE: <u>242/PTA</u>			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE <u>11/22</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> TIME <u>1:30</u>
<u>20920</u>	<u>4</u>					ARRIVED AT JOB	<u>11/22</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> <u>7:30</u>
<u>73768</u>	<u>1 1/2</u>					START OPERATION	<u>11/22</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> <u>8:00</u>
						FINISH OPERATION	<u>11/23</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> <u>12:00</u>
						RELEASED	<u>11/28</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> <u>12:30</u>
						MILES FROM STATION TO WELL	<u>147</u>

**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: [Signature]  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

[illegible]

SUB TOTAL	11,232	70
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CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
<div style="text-align: right;"> <i>Discount</i> TOTAL  <i>411</i> </div>		<i>7,076</i>	<i>60</i>

Discount	TOTAL	7,076	60
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SERVICE REPRESENTATIVE <i>David Smith</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>David Smith</i>
FIELD SERVICE ORDER NO. _____	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <b>LD Drilling</b>	Lease No.	Date <b>11/22/2018</b>
Lease <b>Piemen</b>	Well # <b>1-4</b>	
Field Order # <b>17487</b>	Station <b>Pratt, KS</b>	Casing
Type Job <b>2421 PTA</b>	Depth	County <b>Leone</b> State <b>KS</b>
Formation		Legal Description <b>4-183-284</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
2 1/2"								
Depth <b>2700</b>	Depth	From	To	Pre Pad	Max			5 Min.
Volume <b>31</b>	Volume	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush <b>WGR, mud</b>	Gas Volume			Total Load

Customer Representative <b>Rick Wilson</b>	Station Manager <b>Justin Wesicrman</b>	Treater <b>Darin Fricklin</b>
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Service Units	92911	84980	20920	70959	73768						
Driver Names	Darin	Ed	Ed	Darin	Darin						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
7:30pm					On location / Safety meeting	
					280 SK 60/40 Poz, 4% Gel, 1/4" x Cellulose	
					13.78 pps, 1.43 vels, 6.92 water	
8:00pm	200		8	5	Pump 8 bbl's water	2700'
	200		13	5	mix 50 SK Cement	
	200		3	5	Displace 3 bbl's water	
	200		22	5	22 bbl's mud	
	200		21	5	Pump 21 bbl's water	1350'
	200		20	5	mix 80 SK Cement	
	200		7	5	Displace 7 bbl's water	
	200		12	5	Pump 12 bbl's water	700'
	200		13	3	mix 50 SK Cement	
	200		4	3	Displace 4 bbl's water	
	100		3	5	Pump 3 bbl's water	370'
	100		13	5	mix 50 SK Cement	
	100		1	5	Displace 1 bbl water	
	0		3	3	mix 20 SK Cement	60'
	0		7	3	mix 30 SK Cement	RH
12:00pm					Job complete / Drilling crew	
					Thank you!!	