

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

10/22



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1007589	1718	10/14/2018
INVOICE NUMBER			
92824266			

Pratt (620) 672-1201

B HERMAN L LOEB LLC
 I PO Box: 838
 L LAWRENCEVILLE
 L IL US 62439

J LEASE NAME Yost 4-28
 O LOCATION
 B COUNTY Kiowa
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

ATTN: ACCOUNTS PAYABLE

6076 → 6420 → YOST4

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41138925	27463		Net - 30 days	11/13/2018

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 10/13/2018 to 10/13/2018				
0041138925				
171816948A Cement-New Well Casing/Pi 10/13/2018 Cement PTA				
60/40 POZ	170.00	EA	7.23	1,228.49
"Unit Mileage Chg (PU, cars one way)"	40.00	MI	2.71	108.40
Heavy Equipment Mileage	80.00	MI	4.52	361.32
Proppant & Bulk Del. Chgs., per ton mil	294.00	EA	1.51	442.62
Blending & Mixing Service Charge	170.00	SK	0.84	143.32
Depth Charge; 1001'-2000'	1.00	EA	903.30	903.30
"Service Supervisor, first 8 hrs on loc.	1.00	EA	105.13	105.13

PAID
 85892
 NOV 06 2018

SCANNED

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,292.58
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	92.14
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	3,384.72
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

MH-24

FIELD SERVICE TICKET

1718 16948 A

DATE _____ TICKET NO. _____

DATE OF JOB <i>10-13-2018</i>	DISTRICT	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 <i>HERMAN LOEB</i>	LEASE <i>JOIST</i>	WELL NO. <i>4-28</i>					
ADDRESS		COUNTY <i>KIOWA</i>	STATE <i>KS</i>				
CITY STATE		SERVICE CREW <i>LESLEY,</i>					
AUTHORIZED BY		JOB TYPE: <i>242 PTA</i>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM PM TIME
<i>27463</i>	<i>2</i>					<i>10-13-18</i>	<i>AM 5:00</i>
<i>19918</i>	<i>2</i>					ARRIVED AT JOB	<i>AM 8:00</i>
						START OPERATION	<i>AM 9:30</i>
						FINISH OPERATION	<i>AM 11:30</i>
						RELEASED	<i>AM 12:00</i>
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.

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<i>CP 103</i>	<i>100/40 P02</i>	<i>SK</i>	<i>170</i>		<i>2,040.00</i>
<i>E 100</i>	<i>PICKUP MILEAGE</i>	<i>MI</i>	<i>40</i>		<i>180.00</i>
<i>E 101</i>	<i>HEAVY EQUIPMENT MILEAGE</i>	<i>MI</i>	<i>80</i>		<i>600.00</i>
<i>E 113</i>	<i>BULK DELIVERY CHARGE</i>	<i>TM</i>	<i>294</i>		<i>735.00</i>
<i>CE 202</i>	<i>DEPTH CHANGE, 1001-3000'</i>	<i>HR</i>	<i>1-4</i>		<i>1,500.00</i>
<i>CE 240</i>	<i>BLENDING & MIXING SERVICE</i>	<i>SK</i>	<i>170</i>		<i>238.00</i>
<i>S 003</i>	<i>SERVICE SUPERVISOR</i>	<i>EA</i>	<i>1</i>		<i>175.00</i>

SUB TOTAL *\$5,468.00*

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$

TOTAL *\$3,270.58*

SERVICE REPRESENTATIVE <i>[Signature]</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>[Signature]</i>
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer <i>HERMAN LOEB</i>	Lease No.	Date <i>10-13-2013</i>
Lease <i>405T</i>	Well # <i>4-28</i>	
Field Order # <i>10-11-13</i>	Station <i>Pratt, KS.</i>	Casing
Type Job <i>T.T.N.</i>	Formation	Legal Description <i>28-375-140</i>
Depth	County <i>KIOWA</i>	State <i>KS</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>12 D.</i>		<i>1000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>		5 Min.	
Depth	Depth	From	To	Pre Pad	Max		10 Min.	
Volume	Volume	From	To	Pad	Min		15 Min.	
Max Press	Max Press	From	To	Frac.	Avg		Annulus Pressure	
Well Connection	Annulus Vol.	From	To		HHP Used		Total Load	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			

Customer Representative <i>CLAYTON S.</i>	Station Manager <i>J. W.</i>	Treater <i>K. (ESLEY)</i>
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Service Units	<i>86531</i>	<i>27763</i>	<i>64781</i>	<i>17918</i>
Driver Names	<i>Greene</i>	<i>Mark</i>	<i>Parsons</i>	<i>(2.4)</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>8:00AM</i>					<i>ON LOCATION - SAFETY MEETING</i>
<i>9:30AM</i>					<i>1st PLUG @ 1500' W/ 50SKS</i>
<i>9:30AM</i>	<i>110</i>		<i>10</i>	<i>5</i>	<i>H2O AHEAD</i>
<i>1:55AM</i>	<i>100</i>		<i>12.7</i>	<i>5</i>	<i>MIX 50SKS @ 13.8 PPG</i>
<i>7:30AM</i>	<i>100</i>		<i>11</i>	<i>5</i>	<i>H2O BEHIND</i>
					<i>2nd PLUG @ 600' W/ 50SKS.</i>
<i>10:10AM</i>	<i>50</i>		<i>5</i>	<i>5</i>	<i>H2O AHEAD</i>
<i>10:10AM</i>	<i>50</i>		<i>12.7</i>	<i>5</i>	<i>MIX 50SKS @ 13.8 PPG</i>
<i>10:15AM</i>	<i>50</i>		<i>4</i>	<i>5</i>	<i>H2O BEHIND</i>
					<i>3rd PLUG @ 600' W/ 50SKS</i>
<i>11:00AM</i>	<i>70</i>		<i>5</i>	<i>3</i>	<i>MIX 50SKS @ 13.8 PPG</i>
<i>11:15AM</i>	<i>70</i>		<i>7.5</i>	<i>2</i>	<i>PLUG R.H. @ 11.1 H.</i>
					<i>JOB COMPLETE.</i>
					<i>THANKS -</i>
					<i>KRISTEN (ESLEY)</i>