

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

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PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1007589	1718	10/30/2018
INVOICE NUMBER			
92835382			

Pratt (620) 672-1201
 B HERMAN L LOEB LLC
 I PO Box: 838
 L LAWRENCEVILLE
 L IL US 62439
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Metzburk 1-21
 O LOCATION
 B COUNTY Kiowa
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

6076-6420-METZBURK

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41142025	20920		Net - 30 days	11/29/2018

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 10/23/2018 to 10/23/2018				
0041142025				
171817358A Cement-New Well Casing/Pi 10/23/2018 Cement PTA				
60/40 POZ	170.00	EA	7.20	1,224.00 T
Cement Gel	294.00	EA	0.15	44.10 T
"Unit Mileage Chg (PU, cars one way)"	40.00	MI	2.70	108.00
Heavy Equipment Mileage	80.00	MI	4.50	360.00
Proppant & Bulk Del. Chgs., per ton mil	294.00	EA	1.50	441.00
Blending & Mixing Service Charge	170.00	SK	0.84	142.80
Depth Charge; 1001'-2000'	1.00	EA	900.00	900.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	105.00	105.00

PAID
86203
NOV 20 2018
SCANNED

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,324.90
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	95.11
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	3,420.01
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

Customer <i>Helmen Looh</i>	Lease No.	Date <i>10/23/2019</i>
Lease <i>Metzborck</i>	Well # <i>1-21</i>	
Field Order # <i>17335</i>	Station <i>Pratt, KS</i>	Casing
Type Job <i>242/PTA</i>	Formation	Depth
		County <i>Nowy</i>
		State <i>KS</i>
		Legal Description <i>21-28-150</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>4 1/2"</i>	<i>4 1/2"</i>			Pre Pad	Max		5 Min.	
Depth <i>1184</i>	Depth	From	To	Pad	Min		10 Min.	
Volume <i>16.2</i>	Volume	From	To	Frac	Avg		15 Min.	
Max Press	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush <i>MUD - 115PPG</i>	Gas Volume		Total Load	
Plug Depth <i>950'</i>	Packer Depth	From	To					

Customer Representative <i>Lynn Schloss</i>	Station Manager <i>Justin Washburn</i>	Treater <i>Dean Francis</i>
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Service Units <i>92911 84966 20920 70959 19862</i>									
Driver Names <i>Dean Ed Ed Devin David</i>									

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1:45pm</i>					<i>ON location / set air meters 170SK 10/40 Poz, 4% GAI 13.78 ppg, 1.43 v. 1.52 w. 1.52</i>
					<i>1184'</i>
<i>2:45pm</i>	<i>100</i>		<i>8</i>	<i>5</i>	<i>Pump 8 bbls water</i>
	<i>100</i>		<i>13</i>	<i>5</i>	<i>mix 50SK cement</i>
	<i>100</i>		<i>10</i>	<i>5</i>	<i>Displace 10 bbls mud</i>
					<i>130'</i>
	<i>100</i>		<i>15</i>	<i>5</i>	<i>Pump 15 bbls water</i>
	<i>100</i>		<i>13</i>	<i>5</i>	<i>mix 50SK cement</i>
	<i>100</i>		<i>5</i>	<i>5</i>	<i>Displace 5 bbls water</i>
					<i>60'</i>
	<i>50</i>		<i>5</i>	<i>3</i>	<i>mix 20SK cement</i>
					<i>RH</i>
	<i>80</i>		<i>7</i>	<i>3</i>	<i>mix 30SK cement</i>
					<i>mH</i>
	<i>0</i>		<i>5</i>	<i>3</i>	<i>mix 20SK cement</i>
<i>4:30pm</i>					<i>Job Complete / Dean Francis</i>