

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	CUST NO	YARD #	INVOICE DATE
1 of 1	1009504	1718	01/14/2019
INVOICE NUMBER			
92887893			

Pratt (620) 672-1201
 B K3 OIL & GAS
 I 24900 PITKIN RD, SUITE 305
 L THE WOODLANDS
 L TX US 77386
 T
 O ATTN: SELIGMAN

J LEASE NAME Leis #15-31
 O LOCATION
 B COUNTY Sumner
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41155082			Net - 30 days	02/13/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 01/11/2019 to 01/11/2019</i>				
0041155082				
171817597A Cement-New Well Casing/Pi 01/11/2019 Plug to Abandon				
60/40 POZ	125.00	EA	7.32	915.00
216 Lbs. - Cement Gel	1.00	EA	32.94	32.94
100 Miles/Unit Mileage Chg	1.00	MI	274.50	274.50
200 Miles/Heavy Equipment Mileage	1.00	MI	915.00	915.00
540 Trn/Mi - Proppant & Bulk Del. Chg.	1.00	EA	823.50	823.50
Depth Charge; 3001-4000'	1.00	EA	1,317.60	1,317.60
125 Sks-Blending & Mixing Service Charge	1.00	BAG	106.75	106.75
"Service Supervisor, first 8 hrs on loc.	1.00	EA	106.75	106.75
Company _____ Well Name _____ G/L Account _____ Approval _____				

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,492.04
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	71.10
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	4,563.14
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

THM 4
43

FIELD SERVICE TICKET

1718 17597 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>1-11-11</u> DISTRICT: <u>Pratt</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>K-3 oil + GAS</u>				LEASE: <u>Leis</u> WELL NO./S:					
ADDRESS:				COUNTY: <u>Sumner</u> STATE: <u>KS</u>					
CITY: _____ STATE: _____				SERVICE CREW: <u>MATTAL</u>					
AUTHORIZED BY:				JOB TYPE: <u>2-41 Plug to Abandon</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
<u>20920</u>	<u>6.5</u>						<u>1-10</u>		<u>5:50</u>
						ARRIVED AT JOB		AM/PM	<u>5:50</u>
						START OPERATION		AM/PM	<u>7:40</u>
<u>19862</u>	<u>0.5</u>					FINISH OPERATION		AM/PM	<u>12:30</u>
						RELEASED		AM/PM	<u>1:30</u>
						MILES FROM STATION TO WELL			<u>100</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)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 P02	SY	125		1,500.00
CC 200	CMT 901	lb	216		54.00
E 100	P.M. miles	mi	10.0		450.00
E 101	Heavy eq	mi	200		1,500.00
E 113	Prof + bulk del	TM	540		1,350.00
CC 204	depth charge 3000-4000'	4hr	1		2,160.00
CC 240	Blend + mix	SY	125		175.00
S 003	Supervisor	ea	1		175.00
SUB TOTAL					<u>7,364.00</u>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<u>4,492.04</u>

SERVICE REPRESENTATIVE: Mike Mattal

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

FIELD SERVICE ORDER NO. _____



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 17597 A

DATE _____ TICKET NO. _____

DATE OF JOB		DISTRICT		NEW WELL <input type="checkbox"/>		OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/>		INJ <input type="checkbox"/>		WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:	
CUSTOMER				LEASE				WELL NO.							
ADDRESS				COUNTY				STATE							
CITY				STATE				SERVICE CREW							
AUTHORIZED BY				JOB TYPE:											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
						ARRIVED AT JOB									
						START OPERATION									
						FINISH OPERATION									
						RELEASED									
						MILES FROM STATION TO WELL									

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
					1,500.00
					54.00
					450.00
					1,500.00
					1,350.00
					2,160.00
					175.00
					175.00
SUB TOTAL					7,364.00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		7,410.00

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
------------------------	------------------------------------------------------------------------------------------------------------------------

FIELD SERVICE ORDER NO. _____

Customer K-3 Oil + Gas	Lease No.	Date 1-11-19
Lease L-15	Well # 15-31	
Field Order # 17517	Station Pratt	Casing
		Depth 3900
Type Job Z-42 Plug to ABANDON	Formation	County Sumner
		State KS
		Legal Description 31-32w-02E

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

Customer Representative DUSTIN	Station Manager W. Spierman	Treater MATTAI
Service Units 83353	84980	20920
Driver Names MATTAI	MARQUEZ	DIAZ

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
5:50					on location / safety meeting	
					1 st plug @ 3900'	
7:40	300	}	20	6	PUMP 20 bbl water	
7:43	300		9	6	MIX 35 SKS 60/40 POZ	
7:45	200		5	5	PUMP 5 bbl water	
7:46	100		40	5	PUMP 42 bbl mud	
						2 nd plug @ 565'
10:57	150		20	6	PUMP 20 bbl water	
11:00	150		9	6	MIX 35 SKS 60/40 POZ	
11:02	100		1	5	PUMP 3 bbl water	
						PUMP 3 bbl water
						3 rd plug @ 60'
12:19			6		MIX 25 SKS 60/40 POZ	
12:					CON TO SURFACE	
12:35			7		plug rat hole	
<p>JOB COMPLETE THANK YOU! MIKE MATTAI EDUARDO + JOSE</p>						



BASICSM
ENERGY SERVICES

RECEIVED
JAN 14 2019

PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1009504	1718	01/07/2019
INVOICE NUMBER			
92881710			

Pratt (620) 672-1201
 B K3 OIL & GAS
 I 24900 PITKIN RD, SUITE 305
 L THE WOODLANDS
 L TX US 77386
 T
 O ATTN: SELIGMAN

J LEASE NAME LEIS 15-31
 O LOCATION
 B COUNTY SUMNER
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41153806	20920		Net - 30 days	02/06/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 01/04/2019 to 01/04/2019</i>				
0041153806				
171817596A Cement-New Well Casing/Pi 01/04/2019				
8 5/8" SURFACE CASING				
A-Serv Lite	165.00	EA	7.80	1,287.00 T
60/40 POZ	110.00	EA	7.20	792.00 T
Calcium Chloride	717.00	LB	0.63	451.71 T
Celloflake	69.00	LB	2.22	153.18 T
Top Rubber Cement Plug, 8 5/8"	1.00	EA	135.00	135.00
"Unit Mileage Chg (PU, cars one way)"	100.00	MI	2.70	270.00
Heavy Equipment Mileage	200.00	MI	4.50	900.00
Proppant & Bulk Del. Chgs., per ton mil	1,195.00	EA	1.50	1,792.50
Depth Charge; 0-500'	1.00	EA	600.00	600.00
Blending & Mixing Service Charge	275.00	SK	0.84	231.00
Plug Container Utilization Charge	1.00	EA	150.00	150.00
"Service Supervisor, first 8 hrs on loc.	1.00	EA	105.00	105.00
Company				
Well Name				
G/L Account				
Approval				

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	6,867.39
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	201.29
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	7,068.68
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

