

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 1004542	YARD # 1718	INVOICE DATE 02/08/2019
INVOICE NUMBER 92906503			

Pratt (620) 672-1201
 B VESS OIL CORPORATION
 I 1700 WATERFRONT PKWY BLDG 500
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Moore Johnson #3
 O LOCATION
 B COUNTY Greeley
 S STATE KS
 I JOB DESCRIPTION Cement-Casing Seat-Prod W
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41159941			Net - 30 days	03/10/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 02/06/2019 to 02/06/2019				
0041159941				
171817635A Cement-Casing Seat-Prod W 02/06/2019 Plug to Abandon				
Common Cement	115.00	EA	9.60	1,104.00 T
60/40 POZ	200.00	EA	7.20	1,440.00 T
Cement Gel	344.00	EA	0.15	51.60 T
Cotton Seed Hulls	50.00	EA	0.45	22.50 T
"Unit Mileage Chg (PU, cars one way)"	100.00	MI	2.70	270.00 T
Heavy Equipment Mileage	200.00	MI	4.50	900.00 T
Proppant & Bulk Del. Chgs., per ton mil	1,405.00	EA	1.50	2,107.50 T
Depth Charge; 2001'-3000'	1.00	EA	1,080.00	1,080.00 T
Blending & Mixing Service Charge	315.00	BAG	0.84	264.60 T
"Service Supervisor, first 8 hrs on loc.	1.00	EA	105.00	105.00 T

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,345.20
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	550.89
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	7,896.09
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

Customer Vess Oil Corp	Lease No.	Date 2-5-19
Lease moore-johnson	Well # 3	
Field Order # 17635	Station Pratt	Casing 5/8
Type Job 2-41 Plug to Abandon	Depth	County Greeley
	Formation	State KS
		Legal Description 18-5-43W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 5/8	Tubing Size 2 3/8	Shots/Ft		Acid 200 SKS 60/40 Puz	RATE	PRESS	ISIP
Depth	Depth	From 2600	To	Pre Pad 115 SKS	Max Common		5 Min.
Volume	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	Gas Volume		Total Load

Customer Representative Hunter Hombine	Station Manager Westerman	Treater MATTAL
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Service Units	83353	84980	20920	84981	19918				
Driver Names	MATTAL	MARUHOZ		MASSICK					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:00					ON LOCATION / SARRY MEETING
					PAUSE @ 1980'
8:30		800		1.3	INJECTION RATE
		900		.5	COMING UP SACKS
					Pull tubing / go to 2600' no packer
1:32		400		4	PUMP 3 bbl WATER
1:34		400	51	4	MIX 200 SKS 60/40 Puz
1:46		500	5	4	MIX 25 SKS COMMON w 50# Hull
1:48		500	10	4	MIX 50 SKS COMMON
1:48					CMT TO SURFACE
					Pull tubing
3:15			6		TOP OFF WELL w 30 SKS COMMON
3:20		300	7		FILL 8 1/2 ANN w 10 SKS COMMON
					JOB COMPLETE
					THANK YOU!
					MIKE MATTAL
					E. DRUMMOND + JESS