

**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

Well file (0P120)



PAGE 1 of 1	CUST NO 1003965	YARD # 1718	INVOICE DATE 05/01/2019
INVOICE NUMBER <b>92962201</b>			

Pratt (620) 672-1201  
 B STELBAR OIL CORPORATION INC  
 I 1625 N WATERFRONT PKWY STE 200  
 L WICHITA  
 L KS US 67206  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME BROOKOVER 1-25  
 O LOCATION  
 B COUNTY SCOTT  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T JOB CONTACT  
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41173108	27463		Net - 30 days	05/31/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 04/30/2019 to 04/30/2019</i>				
0041173108				
171817909A Cement-New Well Casing/Pi 04/30/2019 PLUG TO ABANDON				
60/40 Poz	290.00	SK	13.02	3,775.80 T
Cement Gel	500.00	LB	0.28	140.00 T
Celloflake	73.00	LB	2.24	163.52 T
Light Vehicle Mileage	100.00	MI	2.80	280.00
Heavy Equipment Mileage	200.00	MI	4.48	896.00
Depth Charge, 0'-1000'	1.00	HR	672.00	672.00
Blending & Mixing Service Charge	1.00	SK	227.36	227.36
Service Supervisor Charge	1.00	EA	75.00	75.00
Driver Charge	2.00	EA	35.00	70.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	6,299.68
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	346.74
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	6,646.42
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		





**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 17909 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		AM PM	
						START OPERATION		AM PM	
						FINISH OPERATION		AM PM	
						RELEASED		AM PM	
						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: \_\_\_\_\_  
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE _____	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. \_\_\_\_\_

Customer <i>Stellman Oil Corp</i>	Lease No.	Date <i>4-30-2019</i>	
Lease <i>Brookview</i>	Well # <i>1-25</i>		
Field Order #	Station <i>Pratt KS. 1718</i>	Casing	Depth
Type Job <i>Plug to Abandon</i>	Formation	County <i>Scott</i>	State <i>Kansas</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size <i>8 1/2</i>	Tubing Size <i>3 1/2</i>	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth <i>337</i>	Depth	From	To	Pre Pad	Max		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	Station Manager <i>Justin Westerman</i>	Treater <i>Carl Redney</i>
Service Units <i>27463</i>	<i>1999</i>	<i>19918</i>
Driver Names <i>Ben C Wade B</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2:30 P.M.</i>					<i>On location + Rig up 2:30 P.M.</i>
					<i>1<sup>st</sup> plug 2275'</i>
<i>7:00 P.M.</i>	<i>900</i>		<i>8.5</i>	<i>4</i>	<i>Pump 8 1/2 water</i>
	<i>400</i>		<i>12.73</i>	<i>4</i>	<i>50% cement</i>
	<i>200</i>		<i>3 1/2</i>	<i>3</i>	<i>3 1/2 water</i>
	<i>100</i>		<i>2.5</i>	<i>4</i>	<i>2.5 mud</i>
<i>8:00 P.M.</i>	<i>400</i>		<i>8.5</i>	<i>4</i>	<i>2<sup>nd</sup> plug 1550</i>
	<i>400</i>		<i>20.37</i>	<i>4</i>	<i>produce 8 1/2 water</i>
	<i>100</i>		<i>3.5</i>	<i>3</i>	<i>80% cement</i>
	<i>100</i>		<i>1.3</i>	<i>3</i>	<i>3 1/2 water</i>
					<i>1.3 mud</i>
<i>9:00 P.M.</i>	<i>200</i>		<i>1.5</i>	<i>4</i>	<i>3<sup>rd</sup> plug 775'</i>
	<i>200</i>		<i>12.73</i>	<i>4</i>	<i>pump 15 water</i>
	<i>50</i>		<i>5.5</i>	<i>3</i>	<i>50% cement</i>
					<i>5 1/2 water</i>
<i>10:15 P.M.</i>	<i>100</i>		<i>8.5</i>		<i>4<sup>th</sup> plug 370'</i>
	<i>100</i>		<i>10.18</i>		<i>pump 8 1/2 water</i>
			<i>2.25</i>		<i>40% cement</i>
					<i>2 1/4 water</i>
<i>10:45 P.M.</i>			<i>5.09</i>		<i>Pump 20% 60'</i>
			<i>12.73</i>		<i>30% cement 20% mouse</i>