KOLAR Document ID: 1465027

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 #	ŧ		AP	l No. 15							
Name:				Spot Description:							
Address 1:				Sec Twp S. R East Wes							
				Feet from North / South Line of Section							
City:	State	:	_	Feet from East / West Line of Section							
Contact Person:			Foo	Footages Calculated from Nearest Outside Section Corner:							
Phone: ()				NE NW SE SW							
Water Supply Well	Other: G	OG D&A Care SWD Permit #: as Storage Permit #: is well log attached? Yes	Lea Dat	County: Well #: Well #: The plugging proposal was approved on: (Date)							
Producing Formation(s)	: List All (If needed attach a	nother sheet)	by:		(KCC District Agent's Name)						
Do	epth to Top:	Bottom: T.D	_{Plu}	Plugging Commenced:							
De	epth to Top:	Bottom: T.D									
De	epth to Top:	Bottom:T.D									
Show denth and thickne	ess of all water, oil and gas	e formations									
·	Water Records	iornations.	Casing Recor	g Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size	Setting Depth	Pulled Out						
				3 27 3							
		cter of same depth placed from			nods used in introducing it into the hole. If						
Plugging Contractor Lic	ense #:		Name:								
Address 1:			Address 2:	ss 2:							
City:			Sta	te:							
Phone: ()											
Name of Party Respons	sible for Plugging Fees:										
State of	Co	unty,	, S	S.							
				Employee of Operator of	or Operator on above-described well,						
	(Print Na				operate. on above described well,						

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.



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

FIELD SERVICE TICKET 1718 17865 A

-	PRESSI	JRE PUM	PING & WIRELINE 21	- 155	-29.	5		DATE	TICKET NO			
DATE OF 6/	DISTRICT Press	NEW ₩ OŁD PROD INJ WDW CUSTOMER ORDER NO.:										
CUSTOMER	llins	LEASE DWISh+ WELL NO./-2										
ADDRESS		COUNTY Gove STATE KS										
CITY			STATE	SERVICE CREW Dagin, Breat, Charlie								
AUTHORIZED E	3Y -		V	JOB TYPE: Z42/PTA								
EQUIPMEN.	HRS	EQUIPMENT#	HRS EQUIPMENT#			HRS	TRUCK CAL	LED	DATE		ME	
27463	23/4						ARRIVED A	T JOB	8/5	- AM 4	45	
19862 1/2				1				RATION	6/	9.0700 TWO	15	
							RATION	6/5		00		
						RELEASED					AM 8	30
						MILES FROM STATION T					218	
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 shat 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) ITEM/PRICE MATERIAL FOLIEMENT AND SERVICES USED LINIT QUANTITY LINIT RRICE C AMOUNT												ns shall
REF. NO.	10		IATERIAL, EQUIPMENT	AND SER	VICES USE	D	UNIT	QUANTITY	UNIT PRIC	E	\$ AMOUN	11
BC 132	601	-	002				510	240			6,480	
CC 300		06151	Gel				10	61			244	00
m F 101		180+	chicle miles	C =			16 m	100			500	_
m = 102	Hes	7	Quipmens Mil				m	200			1,600	_
CC2	60		2 hoise , 1001 -				HR	1			1,500	00
CE 240	Ble		& mixing Sei		Chrise	E	5K	240			336	00
CF153			Cement Plu		18		ES	1			160	00
BE143	Ser	ile	Superv. sor Ch	8156			FS	7			75	00
BE 144	Den	les C	harse				15	-R			70	00
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7									OUD TO	TAL		
CHE	MICAL /	ACID DA	TA:				SUB TO	IAL	11,172	20		
				RVICE & EQUIPMENT %TAX ON \$								
					MAT	ATERIALS %TAX ON \$						
							D/5	COUNTY TO	TAL	5,989	3,	
									9	WW)		j.
SERVICE REPRESENTATIVE HELD FRANKS ORDERED BY CUSTOMER AND RECEIVED BY:												



TREATMENT REPORT

Customer / D Drilling					L	Lease No.							/	1	,			
Lease						Well # / - 2]						6/5/2019						
Field Order # Station Procedures Type Job						Casing				Depth	Depth County			10		State /c	3	
Table 1	242/	PT	h			Formation						Legal Description 21-155-29						
PIF	ſING	IG DATA FLUID U			USED	JSED TRE			REAT	EATMENT RESUME								
Casing Size Tubing Size Shots/Ft				Acid					RATE PR			RESS ISIP						
	Depth / C 7 - Depth			То	Pre Pad					Max			5 Min.					
Volume 28 Volume From			То			Pad			Min			10 Min.						
Max Press Max Press		From	rom To		Frac		ac	С		Avg			15 Min.					
Well Connect	Well Connection Annulus Vol.		From						ННР		HHP Use	HHP Used			Annulus Pressure			
Plug Depth	lug Denth Packer Denth		From	То			Flush Warr, mus				Gas Volume			Total Load				
Customer Re	epresentative	R.	ic h	1.450		Station	Mar	nager Ju	St. n	Wes	le/men	Trea	ter Ds	Cio F	ranki.	o de la	, ë	
Service Units	92911	78	562	1984		8498)	19862	I	10.10	C.I.C.WA		Ĩ		1 777 7637	-		
Driver Names	Decin		(er.			Charle		Chelle										
Time	Casing Pressure	T	ubing essure	Bbls	Bbls. Pumped			Rate					e Log					
4:urpm									on Location/ 59 Persy meeting									
	T						(iii)		240	2405K 60/40 POZ, 490 Gel, 1/4 H Cellofiske								
								¥					,		-/-			
							1975 - 505K											
Silspm	200			8			5		84	1910	~							
	200							5	50 SK Cement									
es.	200			3			5		3 Waser									
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8:00pm											JOb 0	on pi	0 10/1	1Srin	& CYPW			