

**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.

\_\_\_\_\_  
(Print Name)  Employee of Operator or  Operator 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.

Submitted Electronically



**BASIC**  
ENERGY SERVICES

RECEIVED

MAY 31 2019

PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002427	1718	05/24/2019
INVOICE NUMBER			
92977279			

Pratt (620) 672-1201  
 B LOTUS OPERATING CO. LLC  
 I 100 S MAIN ST STE 420  
 L WICHITA  
 L KS US 67202  
 T  
 O ATTN: ACCOUNTS PAYABLE

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

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41176222	20920		Net - 30 days	06/23/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 05/23/2019 to 05/23/2019</i>				
0041176222				
171817940A Cement-New Well Casing/Pi 05/23/2019 PLUG TO ABANDON				
60/40 Poz	220.00	SK	10.26	2,257.20 T
Cement Gel	380.00	LB	0.19	72.20 T
Light Vehicle Mileage	20.00	MI	1.90	38.00
Heavy Equipment Mileage	40.00	MI	3.04	121.60
Depth Charge, 4001'-5000'	1.00	HR	950.00	950.00
Blending & Mixing Service Charge	1.00	SK	117.04	117.04
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	3,701.04
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	192.18
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	3,893.22
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



Customer Lotus Operating Co	Lease No. 111	Date 5-23-19
Lease Perkins	Well # 1	
Field Order # 19940	Station Pratt	Casing
		Depth 4800
Type Job 2-42 Plug to Abandon	Formation	Legal Description 15-28S-15W
		County Pratt State WI

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid 220 SKS 60/40 PZ	RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre Pad 470 501	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 Tim Hellman	Station Manager Western	Treater Matt
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Service Units 83353	84980	20920	19862
Driver Names Matt	Mark	Charlie	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:20					On location / Safety meeting
					1st Plug @ 4800'
5:49		400	20	4	Pump 20 bbl water
5:54		400	13	4	Mix 50 SKS 60/40 PZ
5:58		400	5	4	Pump 5 bbl water
6:02		200	60	3	Pump 60 bbl mix
					2nd Plug @ 780'
8:28		150	15	5	Pump 15 bbl water
8:33		150	13	4	Mix 50 SKS 60/40 PZ
8:36		50	3	3	Pump 3 bbl water
					3rd Plug @ 330'
9:14		100	10	4	Pump 10 bbl water
9:16		100	13	4	Mix 50 SKS 60/40 PZ
9:20		50	1	4	Pump 1 bbl water
					4th Plug @ 60'
10:00		50	6	3	Mix 50 SKS 60/40 PZ
					Cont to surface
10:10					Plug RAT + mouse hole
					Job complete
					Thank You,
					Matt Matt
					Edmunds + Charlie



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1002427	1718	05/20/2019
INVOICE NUMBER			
92973757			

Pratt (620) 672-1201  
 B LOTUS OPERATING CO. LLC  
 I 100 S MAIN ST STE 420  
 L WICHITA  
 L KS US 67202  
 T  
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Perkins #1  
 O LOCATION  
 B COUNTY Pratt  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE	
41175500			Net - 30 days	06/19/2019	
<i>For Service Dates: 05/17/2019 to 05/17/2019</i>					
0041175500					
171817916A Cement-New Well Casing/Pi 05/17/2019 New Surface Casing					
190 Sk - 60/40 Poz					
Calcium Chloride					
Celloflake					
Light Vehicle Mileage					
Heavy Equipment Mileage					
Depth Charge, 0'-1000'					
Blending & Mixing Service Charge					
Service Supervisor Charge					
Driver Charge					
		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
		1.00	SK	1,811.18	1,811.18 T
		492.00	LB	0.41	201.72 T
		48.00	LB	1.64	78.72 T
		20.00	MI	2.00	40.00
		20.00	MI	3.20	64.00
		1.00	HR	480.00	480.00
		190.00	SK	0.56	106.40
		1.00	EA	75.00	75.00
		2.00	EA	35.00	70.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	2,927.02
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	172.56
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	3,099.58
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 17916 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

*total man hrs 12*

DATE OF JOB: <i>5-17-19</i>	DISTRICT: <i>Pratt KS</i>	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: <i>Lotus Operating</i>	LEASE: <i>Robins</i>	WELL NO. <i>2</i>								
ADDRESS:	COUNTY: <i>Pratt</i>	STATE: <i>KS</i>								
CITY:	STATE:	SERVICE CREW: <i>Carl B. Eddie M.</i>								
AUTHORIZED BY:	JOB TYPE: <i>Cement Surface 240 516-19</i>									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<i>84980-2020</i>	<i>-50</i>					<i>5-18-19</i>	<i>5-17-19</i>			<i>11:00</i>
<i>19903-73768</i>	<i>-50</i>									<i>12:30</i>
										<i>1:00</i>
										<i>1:30</i>
										<i>2:00</i>
						MILES FROM STATION TO WELL	<i>20</i>			

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: *Caroline Robins*  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<i>BP 132</i>	<i>60/40/PCZ</i>	<i>SX</i>	<i>190</i>		<i>4417</i>
<i>CC 109</i>	<i>Calcium chloride</i>	<i>lb</i>	<i>492</i>		<i>492</i>
<i>CC 102</i>	<i>cello flake</i>	<i>lb</i>	<i>48</i>		<i>192</i>
<i>ME 101</i>	<i>light vehicle charge</i>	<i>MI</i>	<i>20</i>		<i>100</i>
<i>ME 102</i>	<i>heavy equipment charge</i>	<i>MI</i>	<i>20</i>		<i>160</i>
<i>CE 1</i>	<i>Depth charge 0-1000'</i>	<i>HR</i>	<i>1</i>		<i>1200</i>
<i>CE 240</i>	<i>Boring and mixing service charge</i>	<i>SK</i>	<i>190</i>		<i>266</i>
<i>BE 143</i>	<i>Service supervisor charge</i>	<i>pac</i>	<i>1</i>		<i>75</i>
<i>BE 144</i>	<i>Driver charge</i>	<i>pac</i>	<i>1</i>		<i>70</i>

CHEMICAL / ACID DATA:


SUB TOTAL

SERVICE & EQUIPMENT	%TAX ON \$	<i>1912</i>	<i>50</i>
MATERIALS	%TAX ON \$		

TOTAL *2921 02*

SERVICE REPRESENTATIVE *Carl B. Eddie*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Caroline Robins*  
(WELL OWNER OPERATOR OR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



**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 17916 A

12

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: <u>11/11</u>		DISTRICT: <u>Pratt</u>		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: <u>...</u>				LEASE: <u>...</u>				WELL NO. <u>17</u>							
ADDRESS: <u>...</u>				COUNTY: <u>Pratt</u>				STATE: <u>K</u>							
CITY: _____				STATE: _____				SERVICE CREW: <u>...</u>							
AUTHORIZED BY: _____				JOB TYPE: <u>Cement Surface 242</u>											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
							<u>5/11/11</u>			<u>11:00</u>					
						ARRIVED AT JOB	<u>11/11</u>			<u>12:00</u>					
						START OPERATION				<u>1:00</u>					
						FINISH OPERATION				<u>1:00</u>					
						RELEASED				<u>2:00</u>					
						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
PC 102	10/16/102	X	170		4617
PC 104	10/16/104	15	472		472
PC 102	10/16/102	46	48		792
MS 101	10/16/101	101	20		100
MS 102	10/16/102	101	20		100
PC 1	Depth Charge C-1000	110	1		130
PC 200	10/16/200	5K	140		280
PC 143	10/16/143	200	1		5
PC 144	10/16/144	100	1		70

CHEMICAL / ACID DATA:			

SUB TOTAL		
SERVICE & EQUIPMENT	%TAX ON \$	1917
MATERIALS	%TAX ON \$	
TOTAL		1917

SERVICE REPRESENTATIVE: <u>...</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>...</u>
FIELD SERVICE ORDER NO. <u>...</u>	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)





Customer <i>John Smith</i>		Lease No. <i>1000</i>		Date <i>11/11/11</i>	
Lease <i>1000</i>		Well # <i>1</i>			
Field Order #	Station <i>1000</i>	Casing <i>54</i>	Depth <i>575</i>	County <i>Pratt</i>	State <i>KS</i>
Type Job <i>Acid</i>			Formation	Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <i>575</i>	Depth	From	To	Pre Pad		Max		5 Min.
Volume	Volume	From	To	Pad		Min		10 Min.
Max Press <i>120</i>	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth <i>575</i>	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative <i>John Smith</i>	Station Manager <i>John Smith</i>	Treater <i>John Smith</i>
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Service Units									
Driver Names									

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:00</i>					<i>Start of job</i>
<i>12:10</i>					<i>Pre pad</i>
<i>12:20</i>					<i>Acid</i>
<i>12:30</i>					<i>Acid</i>
<i>12:40</i>	<i>110</i>		<i>4213</i>	<i>45</i>	<i>Acid 110 4213 45</i>
<i>12:50</i>	<i>110</i>		<i>1863</i>	<i>3</i>	<i>Acid 110 1863 3</i>
<i>1:00</i>					<i>End of job</i>