KOLAR Document ID: 1468181

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 #:	API No. 15
Name:	Spot Description:
Address 1:	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:
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: SWD Permit #: SWD Permit #: SWD 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.	County: Well #: 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

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-		1024	ANE				FIELD SERVICE TI						
			4 NE H Box 86		1718 18107 A								
	ERGY		t, Kansa ne 620-6										
		IG & WIRELINE T MH	24		DATE TICKET NO. 15107								
DATE OF JOB 8-02-20	019 D	ISTRICT Praft. KS	5	1718	NEW OLD PROD INJ WDW CUSTOMER WELL WELL PROD INJ ORDER NO.:								
CUSTOMER About	ights Oil CO.		LEASE English Reid Suitor WELL NO. 22										
ADDRESS	7112-1-			COUNTY Stafford STATE Kausas									
CITY		STATE			SERVICE CREW CARL B Sedie Mi								
AUTHORIZED BY		A STATE OF A	No. of Str.		JOB TYPE: Cement PTA Z41								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQU	JIPMENT#	HRS	TRUCK CALLED 8-2-19 DAT	E AM TIME					
84980-20920	/						ARRIVED AT JOB	AM 10-00					
70959-19860	0959-19860 1						START OPERATION	PM /0:30					
						FINISH OPERATION	PM 12:30						
							RELEASED	-AM 12:40					
							MILES FROM STATION TO WELL	- 35					

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)

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ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AN	ND SERVICES	USED	UNIT	QUANTITY	UNIT PRICE	-modeler	\$ AMOUNT	No.
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REPRESENTAT	VE Carl Balling /	ORDERED BY	CUSTOMER AND R			TOR CONTRACTO	OR OR	AGENT)	
FIELD SERVICE	ORDER NO.			(WELL C					

CLOUD LITHO - Abilene, TX

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

SERVICES

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SIGNED:_

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

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FIELD SERVICE ORDER NO.

CLOUD LITHO - Abilene, TX

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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)





Customer	ustomer through the difference No. 2-2							Da	te	-	- 20	19							
Lease Sud	ich Ri	de	Svite	~	We	Well # 2-2							8-2-2019						
Field Order #	Station	Pr	att.	KS.	#1	Casing Depth						County State						State	
Type Job	TA								Forma	ation		Legal Description							
PIPE DATA PERFORATIN						NG DATA FLUID U				ISED				TREATMENT RESUME					
Casing Size	Tubing Siz	e	Shots/Ft			Acid						RATE PRESS				ISIP			
Depth	Depth		From /	do	То	1co	Pre F	Pad			Max					5 Min.			
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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383