

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



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1003965	1718	07/29/2019
INVOICE NUMBER			
93018405			

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

J LEASE NAME RINEY TRUST 2-23
 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
41184767	84980		Net - 30 days	08/28/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 07/25/2019 to 07/25/2019</i>				
0041184767				
171818154A Cement-New Well Casing/Pi 07/25/2019 PLUG TO ABANDON				
60/40 Poz	300.00	SK	14.04	4,212.00 T
Calcium Chloride	516.00	LB	0.52	268.32 T
Celloflake	75.00	LB	2.08	156.00 T
Light Vehicle Mileage	100.00	MI	2.60	260.00
Heavy Equipment Mileage	200.00	MI	4.16	832.00
Depth Charge, 2001'-3000'	1.00	HR	936.00	936.00
Blending & Mixing Service Charge	1.00	SK	218.40	218.40
Service Supervisor Charge	1.00	EA	75.00	75.00
Driver Charge	3.00	EA	35.00	105.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,062.72
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	394.09
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	7,456.81
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		

Customer STECBAR OIL	Lease No.	Date 7-25-2019
Lease RINEH TRUST	Well # 2-23	
Field Order # 18154	Station TRATT	Casing
Type Job P.T.A.	Formation	Depth
		County SCOTT
		State KS
		Legal Description 23-185-32W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	300 SKS	Acid	60/40 POZ	RATE	PRESS	ISIP
Depth	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 ALAN	Station Manager J.W.	Treater K. LESLEY
Service Units 910817 44990 20920 19960 21010		
Driver Names LESLEY MAROLET — BROWN —		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:30 PM					ON LOCATION - SAFETY MEETING
					*1 ST PLUG @ 2380' w/50 SKS
3:15 PM	200		5	5	H ₂ O AHEAD
3:30 PM	200		12.7	5	MIX 50 SKS CMT @ 14.8 PPG
3:33 PM	200		10	5	H ₂ O BEHIND
3:45 PM	200		64	5	MUD DISPLACEMENT
					*2 ND PLUG @ 1550' w/80 SKS
4:35 PM	100		5	5	H ₂ O AHEAD
4:42 PM	0		20	5	MIX 80 SKS CMT @ 14.8 PPG
4:43 PM	0		5	5	H ₂ O BEHIND
4:45 PM	0		11.5	5	MUD DISPLACEMENT
					*3 RD PLUG @ 750' w/50 SKS
5:10 PM	0		5	4	H ₂ O AHEAD
5:14 PM	0		12.7	4	MIX 50 SKS CMT @ 14.8 PPG
5:15 PM	0		7	4	H ₂ O BEHIND
					*4 TH PLUG @ 330' w/50 SKS
5:45 PM	0		12.7	4	MIX 50 SKS CMT @ 14.8 PPG
5:48 PM	0		1	4	H ₂ O BEHIND
6:00 PM	0		5	2	*MIX 20 SKS @ 60' TO SURFACE
6:45 PM	0		7.5	2	PLUG R.H. & M.H.
					JOB COMPLETE
					THANKS - KEVEN