

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



PAGE 1 of 1	CUST NO 1003965	YARD # 1718	INVOICE DATE 08/26/2019
INVOICE NUMBER 93036048			

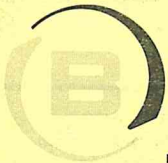
Pratt (620) 672-1201
 B STELBAR OIL CORPORATION INC
 1625 N WATERFRONT PKWY STE 200
 L WICHITA
 L KS US 67206
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME SPANIER 1-6X
 O LOCATION
 B COUNTY GRAY
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41188106	86779		Net - 30 days	09/25/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 08/25/2019 to 08/25/2019</i>				
0041188106				
171818049A Cement-New Well Casing/Pi 08/25/2019 PLUG TO ABANDON				
60/40 Poz	210.00	SK	10.53	2,211.30 T
Celloflake	53.00	LB	1.56	82.68 T
362 LB Cement Gel	1.00	LB	70.59	70.59 T
Light Vehicle Mileage	75.00	MI	1.95	146.25
Heavy Equipment Mileage	150.00	MI	3.12	468.00
Ton Mileage	679.00	MI	1.17	794.43
Blending & Mixing Service Charge	1.00	SK	114.66	114.66
Depth Charge, 1001'-2000'	1.00	HR	585.00	585.00
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	4,652.91
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	180.89
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	4,833.80
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

TTMH
50

FIELD SERVICE TICKET
1718 18049 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>8-25-19</u> DISTRICT <u>Pratt</u>				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 <u>Stellbar oil corporation</u>				LEASE <u>Spanier</u>		WELL NO. <u>1-6X</u>				
ADDRESS				COUNTY <u>Gray</u>		STATE <u>KS</u>				
CITY				SERVICE CREW <u>MATIA M. GRAN Sogall</u>						
AUTHORIZED BY				JOB TYPE: <u>2-42 Plug to Abandon</u>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>86770</u>	<u>2.5</u>						<u>8-25</u>			<u>11:30</u>
						ARRIVED AT JOB				<u>5:15</u>
						START OPERATION				<u>9:07</u>
<u>73768</u>	<u>1.5</u>					FINISH OPERATION				<u>11:30</u>
						RELEASED				<u>12:15</u>
						MILES FROM STATION TO WELL				<u>109</u>

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: Alan Lofth
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
B-132	60/40 POC	SM	210		5,670 00
CC102	Cellulose	Lb	53		212 00
CC200	CMT Sol	Lb	362		181 00
M-101	Light vol miles	Mi	75		375 00
M-102	heavy eq miles	Mi	150		1,200 00
FM	TON miles	FMi	679	2057 00	294 00
CC240	blend + mix	SA	210		294 00
CC2	depth charge 1000-2000'	hr	1		1,500 00
B-143	Supervisor	PA	1		75 00
B-144	Driver	CA	3		105 00

SUB TOTAL 11,649 00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<u>4,652 91</u>

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



BASICSM
ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

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

HHH
50

FIELD SERVICE TICKET
1718 18049 A

DATE _____ TICKET NO. _____

DATE OF JOB: 8/27/11		DISTRICT: 11		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: 11601				LEASE: 168		WELL NO.:			
ADDRESS:				COUNTY: Gray		STATE: V			
CITY:		STATE:		SERVICE CREW: 12000 12000 12000					
AUTHORIZED BY:				JOB TYPE: 2 42 12000 12000					
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	11:57
						RELEASED		AM PM	12:15
						MILES FROM STATION TO WELL			101

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
	1000	1	1		5,670.00
	1000	1	1		212.00
	1000	1	1		181.00
	1000	1	1		375.00
	1000	1	1		1,200.00
	1000	1	1	20370.00	20370.00
	1000	1	1		294.00
	1000	1	1		1,500.00
	1000	1	1		75.00
	1000	1	1		105.00

SUB TOTAL 11,649.00

CHEMICAL / ACID DATA:			

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

TOTAL 11,649.00

SERVICE REPRESENTATIVE	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____
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FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer Stelbar oil corp	Lease No. 221	Date 8-25-10	
Lease Spanier	Well # 1-6X		
Field Order # 18094	Station Pratt	Casing	Depth
Type Job 2-42 Plug to Abandon	Formation	County GRAY	State KS
Legal Description			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	210 SAs 60/40 Puz	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	47% sol	Max		5 Min.
Volume	Volume	From	To	Pad	25 PPS col	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 Dustin	Station Manager Westman	Treater MATTAI
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Service Units	98258	77686	86779	33708	73768				
Driver Names	MATTAI	McGraw		Sagull					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:15					on location / safety meeting
					1 st Plug @ 1860'
9:07		220	16	5	Pump 16 bbl water
9:11		220	13	5	Mix 50 SAs 60/40 Puz
9:13		100	4	5	Pump 4 bbl water
9:14		75	17	5	Pump 17 bbl min
					2 nd Plug @ 1540'
9:41		160	16	4.5	Pump 16 water
9:45		150	13	4.5	Mix 50 SAs 60/40 Puz
9:48		100	4	5	Pump 4 bbl water
9:49		50	13	5	Pump 13 bbl mud
					3 rd Plug @ 810'
10:27		150	10	5	Pump 10 bbl water
10:30		150	10	5	Mix 40 SAs 60/40 Puz
10:32		50	9	5	Pump 9 bbl water
					4 th Plug @ 60'
11:10		75	5	3	Mix 20 SAs 60/40 Puz
					CMT TO SURFACE
11:20			7.5		Plug bot + mouse hole
					JOB COMPLETE THANK YOU!
					MIKE MATTAI
					MIKE + STU