

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

Plug Spanier SFC Hole



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1003965	1718	08/12/2019
INVOICE NUMBER			
93027599			

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

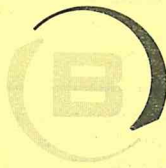
J LEASE NAME SPANIER 1-6
 O LOCATION
 B COUNTY GRAY
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41186636	20920		Net - 30 days	09/11/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 08/09/2019 to 08/09/2019</i>				
0041186636				
171818037A Cement-New Well Casing/Pi 08/09/2019 PLUG TO ABANDON				
60/40 Poz	200.00	SK	9.99	1,998.00 T
344 LBS Cement Gel	1.00	LB	63.64	63.64 T
Celloflake	50.00	LB	1.48	74.00 T
Light Vehicle Mileage	75.00	MI	1.85	138.75
Heavy Equipment Mileage	150.00	MI	2.96	444.00
Ton Mileage	645.00	MI	1.11	715.95
Blending & Mixing Service Charge	1.00	SK	103.60	103.60
Depth Charge, 0'-1000'	1.00	HR	444.00	444.00
Service Supervisor Charge	1.00	EA	75.00	75.00
Driver Charge	3.00	EA	35.00	105.00

*SPANIER #1-6
165
Tie*

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	4,161.94
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	163.38
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	4,325.32
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES

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

TMMH
41

FIELD SERVICE TICKET
1718 18037 A

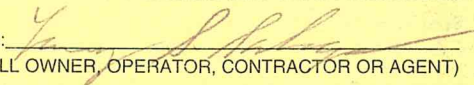
PRESSURE PUMPING & WIRELINE

DATE _____ TICKET NO. _____

DATE OF JOB <i>8-9-19</i> DISTRICT <i>Pratt</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>Stelbo Oil Corporation</i>	LEASE <i>SPANIER</i>	WELL NO. <i>1-6</i>							
ADDRESS	COUNTY <i>Gray</i>	STATE <i>KS</i>							
CITY	SERVICE CREW <i>MATTIA MANUEZ R. COIMO</i>								
AUTHORIZED BY	JOB TYPE: <i>2-42 plug TO ABANDON</i>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<i>20920</i>	<i>1.5</i>						<i>8-9-19</i>	PM	<i>12:00</i>
						ARRIVED AT JOB		AM	<i>4:20</i>
<i>19862</i>	<i>.5</i>					START OPERATION		AM	<i>4:50</i>
						FINISH OPERATION		AM	<i>6:30</i>
						RELEASED		AM	<i>7:30</i>
						MILES FROM STATION TO WELL			<i>114</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: 
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<i>Bc 132</i>	<i>60/42 P.O.Z</i>	<i>SV</i>	<i>200</i>		<i>5,400 00</i>
<i>CC 200</i>	<i>CMT G-4</i>	<i>lb</i>	<i>344</i>		<i>172 00</i>
<i>CC 102</i>	<i>CELLORITAK</i>	<i>lb</i>	<i>50</i>		<i>200 00</i>
<i>M-101</i>	<i>LIGHT VEH MILES</i>	<i>mi</i>	<i>75</i>		<i>375 00</i>
<i>M-102</i>	<i>HEAVY eq miles</i>	<i>mi</i>	<i>150</i>		<i>1,200 00</i>
<i>TM</i>	<i>Ton mile</i>	<i>TN</i>	<i>645</i>		<i>1,935 00</i>
<i>CP240</i>	<i>Blend + mix</i>	<i>SV</i>	<i>200</i>		<i>280 00</i>
<i>CC 1</i>	<i>DEPTH CHARGE 0=1000'</i>	<i>hr</i>	<i>1</i>		<i>1,200 00</i>
<i>Bc 143</i>	<i>SUPERVISOR</i>	<i>ea</i>	<i>1</i>		<i>75 00</i>
<i>Bc 144</i>	<i>DRILL</i>	<i>ea</i>	<i>3</i>		<i>105 00</i>

CHEMICAL / ACID DATA:			

SUB TOTAL *10,942 00*

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

TOTAL *4161 94*
JWD

SERVICE REPRESENTATIVE <i>MIKE MUFFIN</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>X King J. Sawyer</i> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 18037 A

DATE _____ TICKET NO. _____

DATE OF JOB		DISTRICT		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 <i>Sydelbar</i>		LEASE <i>Spanian</i>		WELL NO. <i>16</i>			
ADDRESS		COUNTY <i>Gray</i>		STATE <i>Ky</i>			
CITY		STATE		SERVICE CREW			
AUTHORIZED BY				JOB TYPE:			
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
						RELEASED	AM PM
						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
Bc 132	60/40 P12		200		3,400.00
CC 200	Crut Gel		340		1720.00
CC 102	Cell of 1000		50		2000.00
me 101	Light Veh miles				375.00
me 102	Heavy eq miles				1,200.00
↑ m	ton mixer				1,200.00
CC 200	blend + mix		200		280.00
CL 1	depth charge 0-1000'				1,200.00
Bc 103	supervisor				75.00
Bc 144	driver				100.00
SUB TOTAL					10,942.00

CHEMICAL / ACID DATA:			

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

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: <i>Stellar oil coll</i>	Lease No.:	Date: <i>8-9-19</i>			
Lease: <i>SPAIR</i>	Well #: <i>1-6</i>				
Field Order #:	Station: <i>Pratt</i>	Casing:	Depth:	County: <i>GRAY</i>	State: <i>Ky</i>
Type Job: <i>Z-412 Plug to Abandon</i>	Formation:		Legal Description: <i>6-29S-30W</i>		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid: <i>200 SWS 60/40 P02</i>	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: *RUSCO* Station Manager: *WESTMAN* Treater: *MATRI*

Service Units	<i>98258</i>	<i>84981</i>	<i>20920</i>	<i>19959</i>	<i>19862</i>				
Driver Names	<i>MARRI</i>	<i>MARRI</i>	<i>MARRI</i>	<i>MARRI</i>	<i>MARRI</i>	<i>MARRI</i>	<i>MARRI</i>	<i>MARRI</i>	<i>MARRI</i>

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>4:20</i>					<i>ON LOCATION / SAFETY MEETING</i>
					<i>1st Plug @ 810'</i>
<i>4:50</i>			<i>20</i>		<i>Pump 20-bbl WATER</i>
<i>4:55</i>			<i>25</i>		<i>MIX 100 SWS 60/40 P02</i>
<i>4:59</i>			<i>8.5</i>		<i>Pump 8.5 bbl displacement</i>
					<i>2nd Plug @ 60'</i>
<i>5:50</i>			<i>13</i>		<i>MIX 50 SWS 60/40 P02</i>
					<i>CMF TO SURFACE</i>
<i>6:30</i>			<i>7.5</i>		<i>Plug rat + mouse hole</i>

*JOB COMPLETE
THANK YOU!
MIKE MATRI
EDMUNDO + RICARDO*