

**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

Form CP-4  
March 2009

Type or Print on this Form  
Form must be Signed  
All blanks must be Filled

**WELL PLUGGING RECORD**  
K.A.R. 82-3-117

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



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

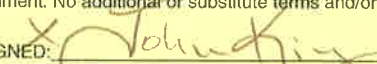
*TMH-50*

FIELD SERVICE TICKET  
**1718 18429 A**

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

DATE OF JOB: <i>11-21-2019</i> DISTRICT	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>LD DRILLING</i>	LEASE: <i>MEADOW</i>					WELL NO.: <i>1-29</i>			
ADDRESS:	COUNTY: <i>THOMAS</i>		STATE: <i>Ks</i>						
CITY:	STATE:								
AUTHORIZED BY:	SERVICE CREW: <i>LESLEY, PILLEY, WHITFIELD</i>								
JOB TYPE: <i>242 P.T.A.</i>									
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<i>27463</i>	<i>5</i>					<i>11-21-19</i>			<i>2:00</i>
						ARRIVED AT JOB		AM	<i>1:00</i>
						START OPERATION		AM	<i>2:00</i>
						FINISH OPERATION		PM	<i>7:00</i>
						RELEASED		PM	<i>7:30</i>
MILES FROM STATION TO WELL									

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.

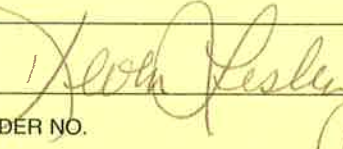

SIGNED:   
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<i>BC 132</i>	<i>100/40 POZ</i>	<i>SK</i>	<i>240</i>		<i>6,480.00</i>
<i>CC 102</i>	<i>CELL FLAKE</i>	<i>LB</i>	<i>61</i>		<i>249.00</i>
<i>CC 200</i>	<i>CEMENT GEL</i>	<i>LB</i>	<i>414</i>		<i>207.00</i>
<i>ME 101</i>	<i>LIGHT VEHICLE MILEAGE</i>	<i>MI</i>	<i>100</i>		<i>500.00</i>
<i>ME 102</i>	<i>HEAVY EQUIPMENT MILEAGE</i>	<i>ME</i>	<i>200</i>		<i>1,600.00</i>
<i>CC 3</i>	<i>DEPTH CHARGE 2001-3000'</i>	<i>HR</i>	<i>1</i>		<i>1,800.00</i>
<i>CE 240</i>	<i>BLEND &amp; MIX CHARGE</i>	<i>SK</i>	<i>240</i>		<i>336.00</i>
<i>CF 153</i>	<i>WOODEN CEMENT PLUG 8 5/8"</i>	<i>EA</i>	<i>1</i>		<i>160.00</i>
<i>BE 143</i>	<i>SERVICE SUPERVISOR</i>	<i>EA</i>	<i>1</i>		<i>75.00</i>
<i>BE 144</i>	<i>DRIVER CHARGE</i>	<i>EA</i>	<i>3</i>		<i>105.00</i>

CHEMICAL / ACID DATA:			

SUB TOTAL *11,507.00*  
TOTAL *16,296.58*

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

SERVICE REPRESENTATIVE:   
FIELD SERVICE ORDER NO. \_\_\_\_\_  
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:   
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer ID DRILLING	Lease No. 11-21-2019	Date 11-21-2019	
Lease MEADOW	Well.# 1-294		
Field Order # 18929	Station PRATT, Ks.	Casing	Depth
Type Job P.T.A.	Formation	County THOMAS	State Ks
		Legal Description 29-85-34W	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	Acid	Pre Pad	RATE	PRESS	ISIP	
4 1/2" O.D.		240 SKS	10/10 POZ	@ 1.43 CVT <sup>3</sup>				
Depth	Depth	From	To	Pad	Max		5 Min.	
Volume	Volume	From	To	Frac	Min		10 Min.	
Max Press	Max Press	From	To		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 RICK	Station Manager J. WESTERMAN	Treater K. LESLEY
---------------------------------	---------------------------------	----------------------

Service Units	916817	27463	19760	21010					
Driver Names	LESLEY	BRIDEN	WHITFIELD						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00 PM					ON LOCATION! - SAFETY MEETING
2:00 PM					*1 <sup>ST</sup> PLUG @ 2800'
2:08 PM	350		10	4	H <sub>2</sub> O AHEAD
2:12 PM	350		12.7	4	MIX 50 SKS @ 13.8 PPG
2:14 PM	350		10	4	H <sub>2</sub> O BEHIND
2:20 PM	350		26	4	MUD DISPLACEMENT
2:45 PM					*2 <sup>ND</sup> PLUG @ 1950'
2:47 PM	100		5	5	H <sub>2</sub> O AHEAD
2:48 PM	100		25.5	5	MIX 100 SKS @ 13.8 PPG
2:52 PM	100		5	5	H <sub>2</sub> O BEHIND
2:54 PM	100		16	5	MUD DISPLACEMENT
4:30 PM					*3 <sup>RD</sup> PLUG @ 290'
4:35 PM	50		5	4	H <sub>2</sub> O AHEAD
4:36 PM	50		12.7	4	MIX 50 SKS @ 13.8 PPG
4:37 PM	50		.8	4	DISPLACEMENT
6:10 PM					*4 <sup>TH</sup> PLUG @ 40'
6:15 PM	0		2.5		MIX 10 SKS - CNT TO SURFACE
6:30 PM	0		7		*PLUG R.H. - 30 SKS
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY