



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1051164
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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



PAGE 1 of 1	CUST NO 1004409	INVOICE DATE 02/18/2011
INVOICE NUMBER 1718 - 90526484		

Pratt (620) 672-1201
 B VAL ENERGY
 I 200 W DOUGLAS AVE STE 520
 L WICHITA
 L KS US 67202
 T
 O ATTN:

J LEASE NAME Brown Rolfe 1
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-Casing Seat-Prod W
 T JOB CONTACT
 E

RECEIVED

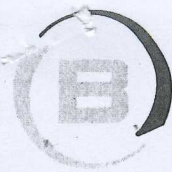
FEB 22 2011

Plugging Cement

JOB # 40285959	EQUIPMENT # 20920	PURCHASE ORDER NO. <i>9022</i>	TERMS Net - 30 days	DUE DATE 03/20/2011
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	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 02/17/2011 to 02/17/2011				
0040285959				
171803570A Cement-Casing Seat-Prod W 02/17/2011 P.T.A.				
60/40 POZ	110.00	EA	9.00	989.90 T
Cement Gel	1,190.00	EA	0.19	223.10 T
Unit Mileage Charge-Pickups, Vans & Cars	45.00	HR	3.19	143.42 T
Heavy Equipment Mileage	90.00	MI	5.25	472.46 T
Proppant and Bulk Delivery Charges	214.00	MI	1.20	256.78 T
Depth Charge; 501-1000'	1.00	HR	899.92	899.92 T
Blending & Mixing Service Charge	110.00	MI	1.05	115.49 T
Supervisor	1.00	HR	131.24	131.24 T

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,232.31
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	235.96
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	3,468.27
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



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 03570 A

DATE _____ TICKET NO. _____

DATE OF JOB 02-17-11 DISTRICT PRATT KS				NEW WELL <input type="checkbox"/> OLD WELL <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:					
CUSTOMER VAL-ENERGY				LEASE BROWN ROBE 1 WELL NO.					
ADDRESS				COUNTY BARBER STATE KS					
CITY STATE				SERVICE CREW Sullins, molsen, Pyle					
AUTHORIZED BY				JOB TYPE: ccspw P.T.A.					
EQUIPMENT#		HRS		EQUIPMENT#		HRS		TRUCK CALLED 02-17-11 DATE AM PM TIME 0930	
33708-20920		30						ARRIVED AT JOB AM PM 1100	
19960-19978		30						START OPERATION AM PM 1530	
19866								FINISH OPERATION AM PM 1915	
								RELEASED 02-17-11 AM PM 1945	
								MILES FROM STATION TO WELL 45	

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
CP 103	60/40 Poz. cmf	SK	110		1,320 00
CC 200	cmf gel	lb	190		47 50
CC 200	cmf gel	lb	1,000		250 00
E 100	Rockup m/lign	mi	45		191 25
E 101	Heavy cement m/lign	mi	90		630 00
E 113	Bulk Delog	tm	214		342 00
CE 201	Depth change 501-1000	PA	1		1,200 00
CE 240	Blen. Delog - mix.	SK	110		154 00
S 003	Solvent Superabsorbent	PA	1		175 00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		ALS 3,232 31

SERVICE REPRESENTATIVE <i>Robert Jullian</i>	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>VAL-ENERGY</i>	Lease No.	Date <i>02-17-11</i>			
Lease <i>Brown-Robte</i>	Well # <i>1</i>				
Field Order # <i>3570</i>	Station <i>PR4 Ls</i>	Casing <i>5 1/2</i>	Depth	County <i>BARBER</i>	State <i>KS</i>
Type Job <i>CRSPW P.T.A.</i>	Formation			Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2</i>	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <i>750</i>	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	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Johnson</i>
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Service Units	<i>19866</i>	<i>23709</i>	<i>20920</i>	<i>19960</i>	<i>19918</i>				
Driver Names	<i>Sullivan</i>	<i>Melton</i>	<i>Phye</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1330</i>					<i>on loc soft, meeting</i>
<i>1530</i>			<i>25</i>	<i>3</i>	<i>mix 10 sk gel AT 750'</i>
<i>1540</i>			<i>12</i>		<i>run 50 sk 60/40 per</i>
			<i>4</i>		<i>Disp</i>
<i>1840</i>			<i>10</i>	<i>3</i>	<i>Plug AT 300' w/ 40 sk 60/40 per</i>
<i>1850</i>			<i>2</i>		<i>mix cont 40 sk</i>
					<i>Disp</i>
<i>1907</i>			<i>5</i>	<i>2</i>	<i>Plug TO Surface w/ 20 sk 60/40 per</i>
<i>1915</i>					<i>shut down</i>
					<i>SOB complete</i>
					<i>Thank you</i>