



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

KANSAS CORPORATION COMMISSION 1051165
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	CUST NO	INVOICE DATE
1 of 1	1004409	02/28/2011
INVOICE NUMBER		
1718 - 90533734		

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

J LEASE NAME Gibson 1-9
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-Casing Seat-Prod W *For Well Plugging #1*
 E JOB CONTACT

RECEIVED
 MAR 01 2011

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40289672	27463	9233	Net - 30 days	03/30/2011

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 02/25/2011 to 02/25/2011</i>				
0040289672				
171803706A Cement-Casing Seat-Prod W 02/25/2011 P.T.A.				
60/40 POZ	120.00	EA	9.00	1,080.00 T
Cement Gel	1,208.00	EA	0.19	226.50 T
Unit Mileage Charge-Pickups, Vans & Cars	45.00	HR	3.19	143.44 T
Heavy Equipment Mileage	90.00	MI	5.25	472.50 T
Proppant and Bulk Delivery Charges	234.00	MI	1.20	280.80 T
Depth Charge; 501-1000'	1.00	HR	900.00	900.00 T
Blending & Mixing Service Charge	120.00	MI	1.05	126.00 T
Supervisor	1.00	HR	131.25	131.25 T

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,360.49
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	245.32
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	3,605.81
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 03706 A

DATE _____ TICKET NO. _____

DATE OF JOB: 2-25-2011 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, INC.		LEASE: GIBSON				WELL NO.: 1-9			
ADDRESS:		COUNTY: BARBER		STATE: KS.					
CITY:		STATE:		SERVICE CREW: ORLANDO, LESLEY, HUNTER					
AUTHORIZED BY:		JOB TYPE: PCSPW - P.T.A.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
27283	2						2-25-11	PM	
27463	2					ARRIVED AT JOB		AM	8:30
19959/21010	2					START OPERATION		AM	9:00
						FINISH OPERATION		AM	11:00
						RELEASED		AM	11:30
						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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 F02	SK	120		1,440.00
CC 200	CEMENT GEL	lb	208		52.00
CC 200	CEMENT GEL	lb	1000		250.00
E 100	PICKUP MILEAGE	MI	45		191.25
E 101	HEAVY EQUIPMENT MILEAGE	MI	90		630.00
E 113	BULK DELIVERY CHRG.	TM	234		374.40
CF 201	DEPTH CHRG. 50'-1000'	HRS	1-4		1,200.00
CF 240	BLENDED SERVICE CHRG.	SK	120		168.00
S 003	SERVICE SUPERVISOR	FA	1		175.00

SUB TOTAL DLS 3,360.4

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

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE: *Steve Orlando*
 THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
 (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____

Customer Val Energy	Lease No.	Date 2-25-11	
Lease Gibson	Well # 1-9		
Field Order # 3706	Station Pratt	Casing 5 7/8	Depth
Type Job CNU-PTA	Formation	County Barber	State KS
		Legal Description 9-30-15	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	60/40 P02	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad		Max		5 Min.
Volume	Volume	From	To	Pad	10-15 gal	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 Berry	Station Manager Dave Scott	Treater Steve Orndorff
Service Units 27283 27463 19957/21010		
Driver Names Gibson, Leach, J.P. H.		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:30 AM					On location - safety, m... 1st plug @ 60
			20	4	Mix 100% 6-1
			13	4	Mix 50% 60/40 P02
9:30			4	4	H2O Displacement
			5	4	2nd plug
			13	4	Mix 50% 60/40 P02
10:00			1 1/2	4	H2O Displacement
			5 1/2	3	3rd plug @ 40
11					Mix 25% cement Cement to 50' - cement
					Tool Comp T... 50'