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

1053340

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

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

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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)	County: Well #: 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 Plug	gging Fees:			
State of	County,	, SS.		
	(Print Name)		or or Operator on abo	
haing first duly sugars an asthe says	That I have be availed as a fith a factor	statements, and matters barain contained, and the l	on of the chour departhed	wall in an filed and

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



1700 S. Country Estates Rd. P.O. Box 129 Liberal, Kansas 67905 Phone 620-624-2277

FIELD SERVICE TICKET 1717 01423 A

				DATE	TICKET NO.		
JOB 12/19/10 DISTRICT 17/7							
CUSTOMER OXY USA	LEASE 40	ung	" _" _"		Í	WELL NO.	
ADDRESS		COUNTY G	ran	<u>+</u>	STATE	K	
CITY STATE		SERVICE CRI	ew K	oyce	, Jua	\sim	
AUTHORIZED BY TYCE Daw 15		ЈОВ ТҮРЕ: 🕻	PT	AZ	44		
EQUIPMENT# HRS EQUIPMENT# H	HRS EQU	IPMENT#	HRS	TRUCK CALLE	ED .	DATE 1	
30463 4				ARRIVED AT	JOB iz/19	110	\$5;71
1944 3 4	····			START OPER	ATION	1	109:10
33021 4				FINISH OPER	ATION 12	zalic	PRIZIT
33016				RELEASED			PM 1:00
				MILES FROM	STATION TO	WELL	60
CONTRACT CONDITIONS: (This cont The undersigned is authorized to execute this contract as an agent products, and/or supplies includes all of and only those terms and cond	of the customer. As	s such, the undersi	igned agr	ees and acknowled	ges that this	contract for	r services, materials

become a part of this contract without the written consent of an officer of Basic Energy Services LP. SIGNED:

			(WELL OWNE	ER, OPERATOR, CON	TRACTOR OR AG	JENI)
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	IT.
CL103	60/40,007	SK	170		2040	60
CC200	Coment Gel	16	294		73	50
EIOL	Heavy Equip Mileage	Mi	100		~700	60
<u>CE240</u>	Blending + Mixing Charge	_SK	170		238	
E113	BULK Delivery Chevrence	Tm	368		588	80
CEZOL	Depth Charge 1001 Fo 2000	-4h			1500	Ø
E100	Mickup Mulbage	mi	50		212	50
5803	Service supero 1507	_EA			175	00
CE403	Add. Hrs'	EA	3		1500	00
					-	
						-
<u>_</u>			I	<u>1</u>		
СН	MICAL / ACID DATA:			SUB TOTAL	4,216	60
	SERVICE & EQU	IPMENT		(ON \$		1 1
	MATERIALS			CON \$		
	. Are I.A.	212	$\overline{(i)}$	TOTAL		
	WEIN YOU	ING -	A J 🔍)		
	AP I AF	Ett	11063	55	2	1
SERVICE	THE ABOVE MATERIAL AND SEI	BVICE	1000		1	
REPRESENTATIV	A MACHAINZ, ORDERED BY CUSTOMER AND	RECEIVE	з вү С/Д	PLAI (VIII	IS &	
FIELD SERVICE (ORDER NO.	(WELL O	WNER OPERATO		R AGENT)	



TREATMENT REPORT

Cusomer	1)5A			ΓL	ease No.				Date	-	\overline{a}			
Lease	V_{i}	-it >	0	<u>۷</u>	/ell #	1	-1		1 lá	// / ^c	1/[\mathcal{O}		
Field Order #	Statio	Liber	al			Casing	5K Dapt	Z176	County	Gra			State 1	
Type Job	2TA						Formation			L	egal Desc 7		38	
PIPI	E DATA	PE	RFORA	TING	DATA	FLUID	USED		TF	REATM	IENT RE	ESUME	/	
Capiting Size	THIPS	Z PShot	s/Ft			1970 47	(DKID	POZ	et et	PREFE	$\mathcal{D}/$	SIP T	150mille	
74770	Presto) From		То		HTP-a50	gal/SK	Max	1			5 Min.		
Volume	Volume	From		То		Pad		Min				10 Min.		
Max Press	Max Pres	From		То		Frac		Avg				15 Min.		
		From		То			Ì	HHP Use				Annulus Pre	essure	
Plug Depth	Packer D	From		То	Chatler	Freh	mid,	Gas Volu		<u>a</u> (_/	Total Load		
Cistomer Per					Station	Serrig	Bennet	Γ	Treate	1 fil	21 F	TINE	· · · · · · · · · · · · · · · · · · · ·	
Service Units Driver	Ail	200	5148	43	522		7							
Names	CHINE Casing	Tubing	10=	>	12,	UNTIZ-		-						
Time 17:21	Pressure	Pressure	Bbl	s. Pum	ped	Rate	em 1	<u> </u>	600	Service I	Log	1/1	6. Hard	
20:60							Gott	ET H	SPC		<u>10</u> 20	Page	June	
21,10		152)		6		3	Puno	47	$\Delta \mathcal{Z}$	$\frac{2}{2\alpha}$	<u>κ. 14</u> 0 λ	VUL		
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1700 \$	S. Count	try Esta	ites •	P.O.	Box 1	29 • Libera	al, KS 6790	05•(62	20) 624 [.]	-2277	 Fax 	(620) 62	24-2280	