



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

KANSAS CORPORATION COMMISSION 1053406
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 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

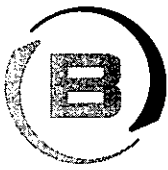
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

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



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1717 01311 A

DATE _____ TICKET NO. _____

| | | | | | | | | | |
|---|-----------|--|-----------|---|-----------|----------------------------|----------------|----|------------------|
| DATE OF JOB 2-26-11 DISTRICT 1717 | | 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 Oxy USA | | LEASE MPC "A" | | WELL NO. 2 | | | | | |
| ADDRESS | | COUNTY Finney | | STATE KS | | | | | |
| CITY | | STATE | | SERVICE CREW L. Chavez, Ruben, Santizo | | | | | |
| AUTHORIZED BY Jerry Beatty JRB | | JOB TYPE: 242 Plus To Abandon | | | | | | | |
| EQUIPMENT# | HRS | EQUIPMENT# | HRS | EQUIPMENT# | HRS | TRUCK CALLED | DATE | AM | TIME |
| 19820 | 10 | 30463 | 10 | 14354 | 10 | | 2-26-11 | | 1000 |
| | | 19843 | 4 | 19578 | 4 | ARRIVED AT JOB | | | PM - 1230 |
| | | | | | | START OPERATION | | | PM - 200 |
| | | | | | | FINISH OPERATION | | | AM 600 |
| | | | | | | RELEASED | | | PM 630 |
| | | | | | | MILES FROM STATION TO WELL | | | 60 |

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 |
|--|---------------------------------------|------|----------|------------|-----------|
| CL103 | 60-40 Poz | SK | 210 | | 2520 00 |
| CC200 | Cement Gel | lb | 362 | | 90 50 |
| E101 | Heavy Equipment Mileage | mi | 100 | | 700 00 |
| CE240 | Blenders & Mixing Charge | SK | 210 | | 294 00 |
| E113 | Bulk Delivery Charge | tm | 453 | | 724 80 |
| CE202 | Depth Charge | 4hrs | 1 | | 1800 00 |
| E100 | Pickup Mileage | mi | 50 | | 212 50 |
| 5003 | Service Supervisor | EA | 1 | | 175 00 |
| AP LOCATION/DEPT. D02 <input type="checkbox"/> NON D02 <input type="checkbox"/> | | | | | |
| LEASE/WELL/FAC MPC - A-2 | | | | | |
| MAXIMO / WSM # _____ | | | | | |
| TASK 01 02 ELEMENT 3023 | | | | | |
| PROJECT # 1108628 CAPEX / OPEX - Circle one | | | | | |
| SPO / BPA _____ UNSUPPORTED <input type="checkbox"/> | | | | | |
| PRINTED NAME Jeff Gill | | | | | |
| SIGNATURE: | | | | | |

SUB TOTAL **3910 08**
~~4570 80~~

| CHEMICAL / ACID DATA: | | | |
|-----------------------|--|--|--|
| | | | |
| | | | |
| | | | |

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

| | |
|------------------------|---|
| SERVICE REPRESENTATIVE | THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: |
|------------------------|---|

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR OR CONTRACTOR OR AGENT)

