



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

**KANSAS CORPORATION COMMISSION 1053423**  
**OIL & GAS CONSERVATION DIVISION**  
**WELL PLUGGING RECORD**  
 K.A.R. 82-3-117

Form CP-4  
 March 2009

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

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**



**BASIC**<sup>SM</sup>  
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 01299 A

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

DATE OF JOB <b>3-9-11</b>	DISTRICT <b>1717</b>	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 <b>Oxy USA</b>		LEASE <b>Bane C #1</b>		WELL NO.			
ADDRESS		COUNTY <b>Stevens</b>		STATE <b>KS</b>			
CITY		STATE		SERVICE CREW <b>E. Mendoza, D. Canaday</b>			
AUTHORIZED BY <b>J. Bennett</b>		<b>JRB</b>		JOB TYPE: <b>244-PTA</b>			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	TIME
<b>34726</b>	<b>12</b>					<b>3-9-11</b>	<b>3:00 PM</b>
<b>19889</b>	<b>2</b>					ARRIVED AT JOB	<b>5:00 PM</b>
<b>19842</b>	<b>10</b>					START OPERATION	<b>8:00 AM</b>
<b>33021</b>	<b>2</b>					FINISH OPERATION	<b>5:00 AM</b>
<b>19566</b>	<b>10</b>					RELEASED	<b>6:00 AM</b>
						MILES FROM STATION TO WELL	<b>50 mi</b>

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: *Andy Stoddard*  
(WELL OWNER/OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<b>CC103</b>	<b>60/40 Poz</b>	<b>210 SK</b>			<b>2520 00</b>
<b>CC200</b>	<b>Cement Gel</b>	<b>1b</b>	<b>362</b>		<b>90 50</b>
<b>CC109</b>	<b>Calcium Chloride</b>	<b>1b</b>	<b>258</b>		<b>270 90</b>
<b>E101</b>	<b>Heavy Equipment Mileage</b>	<b>mi</b>	<b>100</b>		<b>700 00</b>
<b>CE240</b>	<b>Blending &amp; Mixing Service</b>	<b>SK</b>	<b>210</b>		<b>294 00</b>
<b>E113</b>	<b>Proppant + Bulk Delivery</b>	<b>ton/mi</b>	<b>453</b>		<b>724 80</b>
<b>CE202</b>	<b>Pump Depth: 1001-2000'</b>	<b>ea</b>	<b>1</b>		<b>1500 00</b>
<b>E100</b>	<b>Unit Mileage</b>	<b>mi</b>	<b>50</b>		<b>212 50</b>
<b>S003</b>	<b>Service Supervisor</b>	<b>ca</b>	<b>1</b>		<b>175 00</b>
<b>CE403</b>	<b>Additional hrs on loc.</b>	<b>ea</b>	<b>6</b>		<b>3000 00</b>

AP LOCATION/DEPT. \_\_\_\_\_  
 LEASE/WELL/FAC **Bane C-1**  D02  NON D02   
 MAXIMO / WSM # \_\_\_\_\_  
 TASK **01-02** ELEMENT **3023**  
 PROJECT # **1107849** CAPEX / OPEX - Circle one  
 CDD / BPA \_\_\_\_\_  
 Circle Doc Type \_\_\_\_\_  
 PRINTED NAME **Andy Stoddard** UNSUPPORTED

SIGNATURE: *Andy Stoddard* SUB TOTAL **\$5692.62**

CHEMICAL / ACID DATA:			

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

SERVICE REPRESENTATIVE <i>Nel Rivera</i>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <i>Andy Stoddard</i> (WELL OWNER OPERATOR OR CONTRACTOR OR AGENT)
--	--



# Cement Report

Customer <b>Oxy USA</b>		Lease No.		Date <b>3-9-11</b>	
Lease <b>Bone C</b>		Well # <b>1</b>		Service Receipt <b>01299</b>	
Casing <b>4 1/2 O.P.</b>		Depth		County <b>SEWYERS</b>	
Job Type <b>244-PTA</b>		Formation		State <b>KS</b>	
				Legal Description <b>9-35-36</b>	
Pipe Data			Perforating Data		
Casing size	Tubing Size		Shots/Ft		Lead 100 SK 60/40 Poz 4% gel, 3% CC  Tail in 110 SK 60/40 Poz 4% gel
Depth	Depth	From	To		
Volume	Volume	From	To		
Max Press	Max Press	From	To		
Well Connection	Annulus Vol.	From	To		
Plug Depth	Packer Depth		From	To	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:00					on loc-site assessment
5:05					spot trucks-rig up
7:30					safety meeting
7:45	100		10	4	circ @ 1846'
7:48	100		27.4	4	mix + pump 100 SK 60/40 Poz w/ 4% total Gel, 3% CC 1.54 @ 3/sk, 7.59 gal/sk @ 135 ppq
7:55	100		19.5	4	disp balanced plug
8:00					1000 lbs
2:00	1000		1.25	1.5	tag loc @ 1670', psi test 1000# OK
3:45	100		10	4	circ @ 700'
3:50	100		11	4	mix + pump 40 SK 60/40 Poz w/4% Gel
3:55	100		7.25	3	disp balanced plug
4:30	50		10	4	circ @ 60'
4:35	50		5.5	4	mix + pump 20 SK 60/40 Poz w/4% Gel
4:45					circ cmnt to surface
5:00	50		13.4	3	plug rat + mouse holes w/ 50 SK job complete
Service Units		34726	19889-19842	33021-19826	
Driver Names		A. Olvera	E. Mendoza	D. Caraday	

A. Gadeem

J. Bennett

A. Olvera

Customer Representative

Station Manager

Cementer