



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

KANSAS CORPORATION COMMISSION 1064417
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.

(Print Name) Employee of Operator or Operator on above-described well,

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

10244 NE Hwy. 61
 P.O. Box 8613
 Pratt, Kansas 67124
 Phone 620-672-1201

FIELD SERVICE TICKET

1718 04789 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>08-19-11</u> DISTRICT <u>PRATT KS</u>				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 <u>L.O Drilling</u>				LEASE <u>HALL I 2-1</u> WELL NO.					
ADDRESS				COUNTY <u>STAFFORD</u> STATE <u>KS</u>					
CITY				SERVICE CREW <u>Sullivan, Malson, Phye</u>					
AUTHORIZED BY				JOB TYPE: <u>CNW 8 7/8 Surface</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>3328-20970</u>	<u>25 mi</u>						<u>8-18-11</u>		<u>11:15</u>
<u>19960-19918</u>	<u>25 mi</u>								
<u>37900</u>									
						ARRIVED AT JOB	<u>8-19-11</u>	AM	<u>1:30</u>
						START OPERATION		AM	<u>3:08</u>
						FINISH OPERATION		AM	<u>3:30</u>
						RELEASED		AM	<u>4:00</u>
						MILES FROM STATION TO WELL			<u>45</u>

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
<u>CP 703</u>	<u>60/40 per cent</u>	<u>SK</u>	<u>350</u>		<u>4,200 00</u>
<u>CC 102</u>	<u>cellulose</u>	<u>lb</u>	<u>88</u>		<u>325 60</u>
<u>CC 109</u>	<u>Calcium chloride</u>	<u>lb</u>	<u>903</u>		<u>948 15</u>
<u>CF 153</u>	<u>wooden plug 8 7/8</u>	<u>SA</u>	<u>1</u>		<u>160 00</u>
<u>E 100</u>	<u>pickup millage</u>	<u>mi</u>	<u>45</u>		<u>191 25</u>
<u>E 101</u>	<u>Heavy Equip. use</u>	<u>m</u>	<u>90</u>		<u>630 00</u>
<u>E 113</u>	<u>Bulk Delivery</u>	<u>TM</u>	<u>677</u>		<u>1,083 60</u>
<u>CE 200</u>	<u>Depth change @ 300'</u>	<u>SA</u>	<u>1</u>		<u>1,000 00</u>
<u>CE 240</u>	<u>plugs - medium</u>	<u>SK</u>	<u>350</u>		<u>490 00</u>
<u>CE 504</u>	<u>plug container/rental</u>	<u>SA</u>	<u>1</u>		<u>250 00</u>
<u>S 003</u>	<u>Schmidt Superint</u>	<u>SM</u>	<u>1</u>		<u>175 00</u>

SUB TOTAL

CHEMICAL / ACID DATA:			

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

Thank you
 TOTAL
DL5 7,468 34

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____

Customer <i>L.D. DeWitt</i>	Lease No.	Date <i>08-19-11</i>
Lease <i>4181</i>	Well # <i>2-1</i>	
Field Order # <i>4181</i>	Station <i>PRATT KS</i>	Casing <i>8 5/8</i>
Type Job <i>CDW 8 5/8 Surface</i>	Depth <i>354'</i>	County <i>STAFFORD</i>
	Formation	State <i>KS</i>
		Legal Description <i>1-22-14</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>8 5/8</i>								
Depth <i>354'</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>21</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>300</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>P.C</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>354'</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Sullivan</i>
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Service Units	<i>37900</i>	<i>33706</i>	<i>20970</i>	<i>19960</i>	<i>19918</i>				
Driver Names	<i>Sullivan</i>	<i>Melson</i>	<i>Phye</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1:30</i>	<i>m</i>				<i>on low softy merty</i>
					<i>Run 8 5/8 8 5/8-ESS #24</i>
<i>2:50</i>					<i>CASING ON BOTTOM</i>
<i>3:00</i>					<i>HOOK Dlg TO CIRC</i>
<i>3:08</i>	<i>200</i>		<i>3</i>	<i>4</i>	<i>AT SPACE</i>
				<i>55</i>	<i>mix cont 350 sk 60% pot</i>
			<i>75</i>		<i>cont mixed shot down</i>
					<i>Release Plug</i>
				<i>4</i>	<i>At Disp</i>
<i>3:30</i>			<i>21</i>		<i>plug down</i>
					<i>Circ 2 BBL cont TO PIT</i>
					<i>SOB complete</i>
					<i>Thank you</i>



10244 NE Hwy. 61
 P.O. Box 8613
 Pratt, Kansas 67124
 Phone 620-672-1201

FIELD SERVICE TICKET
 1718 04793 A

DATE _____ TICKET NO. _____

DATE OF JOB 8-23-11 DISTRICT PRATT KS		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 L. D. Drilling		LEASE HALL T		WELL NO. 2-1	
ADDRESS _____		COUNTY STAFFORD		STATE KS	
CITY _____ STATE _____		SERVICE CREW Sullivan, Lawrence			
AUTHORIZED BY _____		JOB TYPE: CNW P.T.A.			

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
33708-20970							8-23-11		11:00
19960-19918								AM	2:15
37900								AM	2:30
								AM	5:00
								AM	5:45
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 pot. cement	sk	200		2,400.00
CC 200	cm7 gel	lb	344		86.00
E 100	pickup motor	mi	45		191.25
E 107	Heavy 2000 motor	mi	90		630.00
CE 204	Depth change 3000-8000	SK	1		2,160.00
E 113	Bulk Oils	TB	387		619.20
CE 240	Blender 1 mixer	sk	200		280.00
S 003	Serwis Super	TA	1		175.00

CHEMICAL / ACID DATA:			

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

SUB TOTAL
THANK YOU
 TOTAL **DLS 5,167.75**

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

Customer <i>L.O. Drilling</i>	Lease No.	Date <i>08-23-11</i>	
Lease <i>HALL 7</i>	Well # <i>2-1</i>		
Field Order # <i>21743</i>	Station <i>PRATT KS</i>	Casing <i>2.0</i>	Depth <i>3785'</i>
Type Job <i>COW P.T.A</i>	Formation	County <i>STAFFORD</i>	State <i>KS</i>
		Legal Description <i>1-22-1K</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth	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 Sullivan</i>
Service Units <i>37900 33708 20920 19966 19918</i>		
Driver Names <i>Sullivan Lawrence Coffey</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>02:15</i>					<i>on loc Sullivan, morker P.T.A.</i>
					<i>plug set @ 3785' w/ 50sk</i>
<i>2:30</i>	<i>300</i>		<i>10</i>	<i>2</i>	<i>SPACER</i>
<i>✓</i>			<i>13</i>	<i>2.5</i>	<i>CMT</i>
<i>✓</i>			<i>50</i>		<i>DRIP</i>
<i>2:50</i>	<i>0</i>				<i>shut down</i>
					<i>plug set 810' w/ 50 sk</i>
<i>4:05</i>			<i>5</i>	<i>3</i>	<i>SPACER</i>
<i>✓</i>			<i>13</i>		<i>CMT</i>
<i>✓</i>			<i>2</i>		<i>DRIP</i>
<i>4:15</i>					<i>shut down</i>
					<i>plug set 370' w/ 30 sk</i>
<i>4:30</i>			<i>1</i>	<i>2</i>	<i>SPACER</i>
<i>✓</i>			<i>13</i>	<i>3</i>	<i>CMT</i>
<i>✓</i>			<i>1</i>		<i>DRIP</i>
<i>4:37</i>					<i>shut down</i>
<i>4:50</i>			<i>5</i>	<i>2</i>	<i>Plug TOP 60' w/ 20 sk</i>
<i>5:00</i>			<i>7</i>	<i>2</i>	<i>plug RH w/ 30 sk</i>
			<i>7</i>		<i>50B complete</i>

Thank you