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

1064788

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 #:	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 #: Image: Comparison of the comparison of th	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom:T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	r 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)		or or Operator on above-described well,
haing first duly sugars an asthe source The	t I have knowledge of the facto at	stamanta, and matters barain contained, and the l	an of the choice described well is as 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



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

FIELD SERVICE TICKET 1718 04698 A

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

THEOR							DATE TICKET NO.				
DATE OF 9-3-201	r =	DISTRICT PROJEK	15.	Ť				STOMER DER NO.:			
	DI	RILLING, 1	NC.		LEASE 20	LEASE LUCAS UNIT WELL NO. 1-12					
ADDRESS					COUNTY P	ART	ON STATE KS				
CITY		STATE			SERVICE CR	ew Le	SLEY, LAWRENCE, GIBS	ion			
AUTHORIZED BY	- 546-				JOB TYPE:	21/4)-85/8"S.P.				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQU	JIPMENT#	HRS	TRUCK CALLED 9.2-PATE	PM TIME			
19870	1				-		ARRIVED AT JOB	PM 11:00			
19889-19842							START OPERATION 9.3-11	AM (1:30)			
19832-21010				10 *			FINISH OPERATION	AM 12:30			
	14 av		30.0	10 1			RELEASED	AM (:00			
							MILES FROM STATION TO WELL	65			

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:

AN AN			r	V	
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	(a) 40 POZ	SK	300-		3.1000 00
C 102	CELLFLAKE	16	75.1		277 50
CC 109	CALCIUM CHLURIDE	16	774-		81270
CE 153	WOOD CMT. PLUG 85/4"	EA	1 -		1600 00
E 100	PICKUP MILEAGE'	MI	105	I 1 177 (1947) 1	276 25
E IDI	HEAVY EQUIPMENT MILEAGE	MI	130		9100
E 113	BULK DEILVERY CHARGE	TM	839	A	1.341 d
CE 200	DEPTH CHARGE; O-500	HR	1-4		1,00007
CE 240,	BLENDING SERVICE CHARGE	SK	100		4200
CE 504	PLUG CONTAINER CHARGE	JoB	1		250 00
5 003	SERVICE SUPERVISOR	EA			175 x
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			%TAX	1312-	11.04
	MATERIAL		%TAX		
				TOTAL	
-					5 N
	A 10				
SERVICE	THE ABOVE MATERIAL AI		1-		11

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

REPRESENTATIVE



TREATMENT REPORT

Customer LD DRILLINIG Lease No.								Date										
Lease LU	CAS U	A/	IT		Well # 1-10					9-3-2011								
Field Order #		2	RAT	T.K.	Casing 5/8/1 Depth 35						County BARTON State KS.							
Type Job	NW-	e	55/2	IS.	D.			Forr	nation				Legal De	escription	12			
PIPE	E DATA		PERF	ORATI	NG DAT	4	FLUID U	SED		TREATMENT RESUME								
Casing Size	ng Size Tubing Size Shots/Ft				Acid	osie bi	Ja	101	2	RATE	PRES	SS	ISIP	ISIP				
Depth34.98	Bepth		From		То	Pre		3100	0	Max				5 Min.				
Volume	Volume		From		To	Pad				Min				10 Min.				
Max Press	Max Press		From		То	Frac				Avg				15 Min.		A		
Well Connectio	on Annulus V		From		То					HHP Use	ed			Annulus	s Pres	suré		
Plug Depth /	Packer De	epth	From		То	Flus	h 20			Gas Volu	ıme			Total Lo	ad			
Customer Rep	presentative	31	m		Stat	ion Mana	ger D. S	COT	7		Tre	ater 📈	. 1.E	SLE	1			
Service Units	19870	19	989	1984	12 198	32 0	21010											
Driver Names	LESLEY		WREN	CE-	. G1	BSar	1-							-		1		
Time	Casing Pressure		ubing essure	Bbls.	Pumped	F	Rate	2 P.	1.			Servio	e Log					
11:00PM								ON	160	CAT	ION	- SI	AFE7	MME	ET	ING		
11:30Pm								CS	9.	ONB	OTTO	SM.	<i>i</i>			71		
11:40Pm								1-10	<u>K</u>	OPT	DRS	9.1	BREA	RCIF	26.	WIRIG		
12:00AM	240				5	6	e	Ha	120 AHEAN -									
2:10 Am	100			4	,4	6	2	MI	X3	300 5K (0)/40 POZ@14.8 PPG								
			_					3	40	T DOI	NN	- DR	OPP	LUG				
12:13Am	0				0	4	1	S	TA	RTD	ISP	LAC	EME	ENT	-			
2. ROAM	100				15		3	2	Su	OWI	RAT	E						
7:30AM	200			ô	10	3		PL	UG	DOW	N-				HE	AD		
					_			Cľ	RC	TF	RU	10	13					
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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

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

FIELD SERVICE TICKET 1718 04800 Α

PRESS	URE PUM	IPING & WIRELINE					DATE TICKET NO	(<i>a</i>			
DATE OF JOB 07 - 09	- 11	DISTRICT PRATT	KS								
		Rillioc			LEASE LUCAS UNIT 1-10 WELL NO.						
ADDRESS		A			COUNTY	ARTO	STATE KS				
CITY		STATE			SERVICE CREW Sulpson, Melsons, McCaky						
AUTHORIZED BY					JOB TYPE: CNW P. T.A						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED	AM TIME			
19834-20920	20	m					ARRIVED AT JOB	AM 2: NO			
19832 -2010	30	<u>m </u>			and the second		START OPERATION	AM 9:09			
37900	04 	11 El					FINISH OPERATION	AM 10,00			
							RELEASED	AM 10; 3(2			
							MILES FROM STATION TO WELL	65			

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

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Image: Service & Equipment %TAX ON \$ Materials %Tax ON \$ </td <td>CE 240</td> <td>Blandy mixing</td> <td>St</td> <td>145</td> <td></td> <td>203</td> <td>20</td>	CE 240	Blandy mixing	St	145		203	20
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THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

REPRESENTATIVE

GLOUD LITHO - Abiene, TX

SERVICE



TREATMENT REPORT

Customer	Dati			L	ease No.			Date								
Lease	× / 111	1.2		V	Vell #	-/0)				1	09	- 08	. 11		
Field Order #	Station	DRA	H K				Casing		Depth		Count	y .	ator 1		State	
Type Job	ju. P.	T. P	1910					Formation				1 - 41		escription	12	
PIPE		F	PERFOR	RATING	i DATA		FLUID U	ISED			-	TREA		RESUME		
Casing Size	Tubing Size	e Sł	nots/Ft			Acid	l.		_		RATE	PRE	SS	ISIP		
Depth	Depth	Fr	om	То		Pre Pad				Мах				5 Min.		
Volume	Volume		om	То		Pad				Min				10 Min.		
Max Press	Max Press		om	То		Frac				Avg				15 Min.		
Well Connection	Annulus Vo	-	om	То						HHP Use	d			Annulus	Pressure	
Plug Depth	Packer Dep	th	om	То		Flus	n			Gas Volu	me			Total Loa	d	
Customer Repre	sentative				Station	Mana	ger na	UE :	Feu.	4	Trea	ater /2	best	1/1-	\supset	
Service Units	7900	1983	4 31	2970	19837	, ,	2010						0			
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10244	NE Hiwa	av 61	1 • P.O	. Box	8613 •	Pra	tt. KS 6	7124-	861	3 • (62	0) 672	2-120	1 • Fax	(620)	672-5383	

Taylor Frinting, Inc. 620-672-3656