



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

KANSAS CORPORATION COMMISSION 1066035
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



BASIC
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 02028 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-6-11	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 Roy		WELL NO. A-1				
ADDRESS		COUNTY Haskell	STATE Ks				
CITY	STATE	SERVICE CREW Cochran/Mendoza/Conroy/Siroky					
AUTHORIZED BY T. Davis IRB		JOB TYPE: Z44 P+A					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE ARR TIME
21755	15						7-5 AM 16:30
27809	15					ARRIVED AT JOB	7-5 AM 19:20
19557	15					START OPERATION	7-5 AM 22:15
37021	15					FINISH OPERATION	7-6 AM 09:30
19883	15					RELEASED	7-6 AM 10:30
						MILES FROM STATION TO WELL	53

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
CL103	60/40 Poz	sk	100		1200 00
CL103	60/40 Poz	sk	110		1320 00
CC109	Calcium Chloride	lb	258		270 90
CC200	Cement Gcl	lb	362		90 50
E101	Heavy Equip. Mileage	mi	60		420 00
CE240	Blending + Mix Serv. Chrg.	sk	210		294 00
E113	Bulk Delivery	TM	272		435 20
CE202	Depth Chrg. 1001'-2000'	4hr	1		1500 00
E100	Pick-up Mileage	mi	30		127 50
5803	Service Supervisor	ea	1		175 00
T105	Cement Data Acquisition Monitor	ea	1		550 00
CE903	Additional Hrs	ea	8		4000 00

APPLICATIONS: DOI NON DOI

LEASE/WELL/AC: **Roy A-1**

MAXIMO/WELL #

TASK **0102** ELEMENT **30 & 3**

PROJECT# **1135771** CAPEX / OPEX

PG/2PA/CPA UNSUPPORTED

Circle one

CHEMICAL / ACID DATA	PRINTED NAME John Carroll	SUB TOTAL	7798.95
SIGNATURE: <i>[Signature]</i>	SERVICE & EQUIPMENT	%TAX ON \$	
	MATERIALS	%TAX ON \$	
		TOTAL	

AP INFO NEEDED:

SERVICE REPRESENTATIVE **Thygy Cook** THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



Cement Report

Customer <i>Oxy USA</i>	Lease No.	Date <i>7-5-11</i>
Lease <i>Roy</i>	Well # <i>A-1</i>	Service Receipt <i>171902028</i>
Casing <i>OP 4 1/2 16.6</i>	Depth <i>1900'</i>	County <i>Haskell</i> State <i>Ks</i>
Job Type <i>Z44 P+A</i>	Formation	Legal Description <i>32 27 33</i>

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size <i>4 1/2 16.6</i>	Shots/Ft		Lead <i>100sk 60/40</i>
Depth	Depth <i>1908</i>	From	To	<i>3% CC - 4% total gel</i>
Volume	Volume	From	To	<i>1.544 gal @ 13.5#/gal</i>
Max Press	Max Press	From	To	Tail in <i>110sk 60/40</i>
Well Connection	Annulus Vol.	From	To	<i>4% total gel</i>
Plug Depth	Packer Depth	From	To	<i>1.544 gal @ 13.5#/gal</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>19:20</i>					<i>on loc. / Held Safety Meeting</i>
<i>19:20</i>					<i>Wait on Csg Trucks</i>
<i>21:00</i>					<i>Spot + Rig up Equip.</i>
					<i>D.P. @ 1908'</i>
<i>22:26</i>	1500	<i>1500</i>			<i>Test Pump + lines</i>
<i>22:28</i>		<i>300</i>	<i>20</i>	<i>5</i>	<i>Start Spacer Ahead</i>
<i>22:32</i>		<i>350</i>	<i>27</i>	<i>4</i>	<i>Start CMT 100sk @ 13.5#</i>
<i>22:35</i>		<i>200</i>	<i>0</i>	<i>4</i>	<i>Start Disp. w/ fresh H₂O</i>
<i>22:41</i>		<i>200</i>	<i>6</i>	<i>4</i>	<i>Switch to mud</i>
<i>22:44</i>		<i>0</i>	<i>20</i>	<i>0</i>	<i>Shutdown + V flowback</i>
<i>22:46</i>					<i>Knock Loose</i>
<i>22:50</i>					<i>Rig P.O.H. w/ 10 stds</i>
					<i>Plug Tapped @ 1948'</i>
<i>05:31</i>		<i>400</i>	<i>20</i>	<i>5</i>	<i>Start fresh H₂O</i>
<i>05:35</i>		<i>300</i>	<i>4</i>	<i>5</i>	<i>Start CMT 15sk @ 13.5#</i>
<i>05:37</i>		<i>300</i>	<i>0</i>	<i>5</i>	<i>Start Disp.</i>
<i>05:44</i>		<i>0</i>	<i>23</i>	<i>0</i>	<i>Shutdown + V flowback</i>
					<i>Knock Loose</i>
					<i>Rig T.O.H. w/ 27 jts</i>
					<i>D.P. @ 900'</i>
<i>07:04</i>			<i>20</i>	<i>4</i>	<i>Start Spacer Ahead</i>
<i>07:12</i>			<i>10</i>	<i>4</i>	<i>Start CMT 40sk @ 13.5#</i>
<i>07:14</i>			<i>0</i>	<i>4</i>	<i>Start Disp.</i>

Service Units	<i>21755</i>	<i>27909 19557 33061 19883</i>	
Driver Names	<i>Cochran</i>	<i>Mendoza</i>	<i>Siraky</i> <i>Canady</i>

John C. Customer Representative
 J. Deane Station Manager
 M. Cochran Cementer
 Taylor Printing, Inc.



JOB LOG CONT

TICKET #

171702028

TICKET DATE

7-6-11

Chart No.	Time	Rate (BPM)	Volume (BBL)(GAL)	Rate		Press. (PSI)		Job Description / Remarks
				N2	CSG.	Tbg	Tbg	
	07:17							Shutdown + ✓ flowback
	07:20							Knock loose
								Rig T.O.O.H
								D.P. @ 60'
	8:34	3	10		200			Start spacer head
	8:37	3	5		200			Start Cmt 20sk @ 125'
	8:40							Shutdown
	08:50	3	5		200			Plug Mouse Hole w/20sk @ 125'
	08:52							Shutdown
	08:54	3	8		200			Plug Rat Hole w/30sk @ 125'
	08:57							Shutdown
	08:57							Wash Pump + Lines
	09:30							End Job