



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

KANSAS CORPORATION COMMISSION 1093128
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 02874 A

DATE _____ TICKET NO. _____

DATE OF JOB: <u>5/19/12</u>	DISTRICT: <u>1717</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>Oxy USA</u>		LEASE: <u>Hylbom A-3</u>				WELL NO.:	
ADDRESS:		COUNTY: <u>Finney</u>		STATE: <u>Ks</u>			
CITY:		SERVICE CREW: <u>Royce, Sawl</u>					
AUTHORIZED BY: <u>Tyce</u>		JOB TYPE: <u>PTA 242</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: <u>5/18/12</u> AM/PM: <u>9:00</u>
<u>19888</u>	<u>14.5</u>					ARRIVED AT JOB	<u>5/18/12</u> AM/PM: <u>11:15</u>
<u>39723 39724</u>	<u>14.5</u>					START OPERATION	<u>5/19/12</u> AM/PM: <u>1:15</u>
<u>30463 39724</u>	<u>14.5</u>					FINISH OPERATION	<u>5/19/12</u> AM/PM: <u>2:30</u>
						RELEASED	<u>5/19/12</u> AM/PM: <u>3:00</u>
						MILES FROM STATION TO WELL	<u>90</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
CL103	60/40 Poz	SK	320	9.00	2880.00
CC200	Cement Gel	lb	550	19	104.50
CC109	Calcium Chloride	lb	258	79	203.82
E101	Heavy Equip Mileage	Mi	290	5.25	1417.50
CE240	Blending & Mixing Charge	SK	320	1.05	336.00
E113	Bulk Delivery	Tmi	1861	1.20	2233.44
CE202	Depth Charge 1001 to 2000'	1	4hr		1125.00
E100	Pickup Mileage	Mi	90	3.19	287.10
5003	Service Super Visor	EA	1		131.25
T105	Data Acq. Monitor	EA	1		412.50
CE504	Acid hrs	EA	10	375.00	3750.00

AP LOCATION/DEPT. Libcap D02 NON D02

LEASE/WELL/FAC Hylbom A-3

MAXIMO / WSM # _____

TASK 30102 ELEMENT 3023

PROJECT # 1151903 CAPEX / OPEX - Circle one

SPO / BPA _____ UNSUPPORTED

Circle Doc Type

PRINTED NAME Seferny Kneese

SIGNATURE: [Signature]

I certify that these Services/Materials have been received

SUB TOTAL 12881.11

CHEMICAL / ACID DATA:			

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

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



Cement Report

Customer Oxy USA	Lease No.	Date 5/19/12
Lease Hylbom	Well # A-3	Service Receipt
Casing	Depth 1940'	County Finney State Ks
Job Type PTA	Formation	Legal Description 30-23-34

Pipe Data		Perforating Data		Cement Data
Casing size 8 5/8	Tubing Size 4 1/2 D.P	Shots/Ft		Lead
Depth 1816'	Depth 1940'	From	To	
Volume	Volume	From	To	
Max Press	Max Press	From	To	Tail in
Well Connection Drill Pipe	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5/18 23:15					on log spot trucks, R.U., satisfactory
01:15	150		15	4	H ₂ O @ 1940'
01:21	160		27.5	5	Mix 100sx 60/40 P.O.Z @ 13.5#
01:29	40		3	4	H ₂ O
01:32			17	5	Mud
05:30					Bitest (Failed) Did Not Tag
06:24	150		15	4	H ₂ O @ 1850' 1850'
06:31	180		27.5	5	Mix 100sx 60/40
06:42	80		3	4	H ₂ O
06:43	60		16	5	Mud
06:50					
13:04	100		10	11	H ₂ O @ 1850' 990'
13:07	40		13.5 2	5	Mix 50sx 60/40
13:13	40		2	5	H ₂ O
13:39	100		10	4	H ₂ O @ 450'
13:42	80		13.5	5	Mix 50sx 60/40
13:48	40		2	5	H ₂ O
4:09			6		Mix 20sx @ 63' Job Complete

Service Units	19588	39723, 39722, 3046, 3775
Driver Names	Chavez	R. Olds, B. Rodriguez

Jeremy Customer Representative
 Jim Bennett Station Manager
 Chad Chavez Cementer