



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

KANSAS CORPORATION COMMISSION 1094135
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 03563 A

DATE _____ TICKET NO. _____

DATE OF JOB: 5-31-12	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: Garden City U#2	WELL NO.:							
ADDRESS:	COUNTY: Finney	STATE: KS							
CITY:	STATE:	SERVICE CREW: E. Mendoza, J. Grijalda							
AUTHORIZED BY: J. Bennett	JOB TYPE: 241- 60 PTA								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
34726	8						5-31-12	AM	3:00
27808	2					ARRIVED AT JOB		AM	6:00
19553	6					START OPERATION		PM	7:00
30463	2					FINISH OPERATION		AM	4:00
36547	6					RELEASED		AM	5:00
						MILES FROM STATION TO WELL	90 mi		

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:
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CU03	60/40 Poz	SK	270	9 00	2430 00
CC200	Cement Grt	lb	466	19	88 54
CC109	Calcium Chloride	lb	307	79	305 73
E101	Heavy Equipment Mileage	mi	180	5 25	945 00
CE240	Blending & Mixing Service	slc	270	1 05	283 50
E113	Proppant - Bulk Delivery	ton/mi	1049	1 20	1258 20
CE202	Pump Depth: 1001-2000'	ea	1		1125 00
E100	Unit Mileage	mi	90	3 19	287 10
S003	Service Supervisor	ea	1		131 25
T105	Cement Data	ea	1		412 50

AP LOCATION: **lib/cap** **D02** **NON D02**
 LEASE/WELL/LFA: **GARDEN CITY - U-2**
 MAXIMO / WSM # _____
 TASK: **0102** ELEMENT: **3023**
 PROJECT # **1153023** CAPEX / OPEX - Circle one

SPO / BPA _____ UNSUPPORTED SUB TOTAL **\$7266 82**
 PRINTED NAME: **Jorge Tinoco**

SIGNATURE:
 SERVICE & EQUIPMENT %TAX ON \$ _____
 MATERIALS %TAX ON \$ _____

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE:

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
(WELL OWNER OPERATOR OR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. _____



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer <u>Oxy USA</u>	Lease No.	Date <u>5-31-12</u>
Lease <u>Garden City U</u>	Well # <u>2</u>	Service Receipt <u>03563</u>
Casing	Depth	County <u>Finney</u> State <u>KS</u>
Job Type <u>241-PTA</u>	Formation	Legal Description <u>28-23-34</u>

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead <u>150 60/40</u>
Depth	Depth	From	To	<u>3% CC</u>
Volume	Volume	From	To	Tail in <u>120 60/40</u>
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
<u>6:00</u>					<u>on loc-site assessment</u>
<u>6:15</u>					<u>spot trucks - rig up</u>
<u>7:00</u>					<u>circ @ 1930'</u>
<u>7:10</u>	<u>100</u>		<u>41</u>	<u>4</u>	<u>mix + pump 150 sk 60/40 Poz</u> <u>w/4% total gel, 3% Calcium chloride</u> <u>@ 13.5 ppz - 1.54 ft³/sk - 7.59 gal/sk</u>
<u>7:20</u>	<u>0</u>		<u>20</u>	<u>3</u>	<u>estam disp balanced plug</u>
<u>7:30</u>					<u>woc 4 hr. - pressure test 1000# - ok</u>
<u>12:00</u>					<u>circ @ 1040'</u>
<u>12:15</u>	<u>50</u>		<u>13.7</u>	<u>3</u>	<u>mix + pump 50 sk 60/40 Poz</u> <u>w/4% total gel @ 13.5 ppz</u>
<u>12:30</u>	<u>0</u>		<u>11.3</u>	<u>3</u>	<u>disp balanced plug</u>
<u>1:30</u>					<u>circ @ 500'</u>
<u>2:45</u>	<u>50</u>		<u>13.7</u>	<u>3</u>	<u>mix + pump 50 sk 60/40 Poz @ 13.5*</u>
<u>2:00</u>	<u>0</u>		<u>3.7</u>	<u>3</u>	<u>disp balanced plug</u>
<u>2:30</u>					<u>circ @ 60'</u>
<u>2:45</u>			<u>5.5</u>		<u>mix + pump 20 sk 60/40 Poz @ 13.5*</u>
<u>3:00</u>			<u>2</u>		<u>circ cont to surface</u> <u>job complete</u>

Service Units	<u>34726</u>	<u>27808-14553</u>	<u>30463-37547</u>		
Driver Names	<u>A Rivera</u>	<u>E Mendoza</u>	<u>J. Grijalde</u>		

Jorge Tinoco Customer Representative
 J. Bennett Station Manager
 A Rivera Cementer