



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

KANSAS CORPORATION COMMISSION 1100855
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



1700 S. Country Estates Rd.
P.O. Box 129
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET
1717 03857 A

DATE _____ TICKET NO. _____

DATE OF JOB: 7/22/12	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: Anschutz A-1		WELL NO.:					
ADDRESS:		COUNTY: Haskell		STATE: KS					
CITY:		STATE:		SERVICE CREW: Saul, Juan					
AUTHORIZED BY: Tyce JRB		JOB TYPE: PTA 242							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: 7/21	AM/PM: PM	TIME: 9:30
19885	7.5					ARRIVED AT JOB		AM/PM: PM	TIME: 9:30
37223	7.5					START OPERATION		AM/PM: AM	TIME: 23:00
30463	7.5					FINISH OPERATION		AM/PM: AM	TIME: 4:30
						RELEASED		AM/PM: AM	TIME: 5:00
						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
CL103	60/40 Poz	SK	250	9.00	2250.00
CC200	Genoust Gel	Lb	430	19	81.70
CC109	Calcium Chloride	Lb	387	79	305.73
E101	Heavy Equip Mileage	Mi	90	5.25	472.50
CF240	Blending & Mixing Charge	BK	250	1.05	262.50
E113	Bulk Delivery	TM	483.75	1.20	580.50
CF202	Depth Charge 100' to 2000'	EA	4W		1125.00
E100	Pickup Mileage	Mi	45	3.19	143.55
5003	Service Supervisor	EA	1		131.25
CE403	Add Hrs	EA	4	375.00	1500.00
AP LOCATION/DEPT. <u>Lis Cap</u> <input type="checkbox"/> <u>D92</u> <input type="checkbox"/>					
LEASE/WELL/FAC. <u>Anschutz A1</u>					
MAXIMO / WSM # _____					
TASK <u>#0102</u> ELEMENT <u>3023</u>					
PROJECT # <u>1150739</u> CAPEX / OPEX - Circle one					
SPO / BPA _____ UNSUPPORTED <input type="checkbox"/>					
PRINTED NAME <u>TESSE JANAM</u>					
SIGNATURE: <i>[Signature]</i> I certify that these Services/Materials have been received					

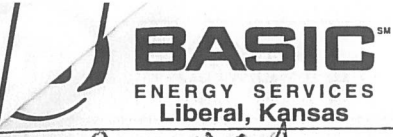
SUB TOTAL **6852.73**

CHEMICAL / ACID DATA:			

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

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

arising out of any
 transaction by
 BESS, Inc.



Cement Report

Customer Ox4 USA		Lease No.		Date 7/21/12	
Lease ANSWITE A		Well # 1		Service Receipt	
Casing 4 5/8		Depth		County Haskell	
Job Type PTA		Formation		State KS	
				Legal Description 1-28-33	

Pipe Data		Perforating Data		Cement Data	
Casing size 4 5/8	Tubing Size	Shots/Ft		Lead 50 sk 60/40	
Depth 1423.51	Depth	From	To	@ 13.5 # 4% Gel	
Volume	Volume	From	To	3% CaCl	
Max Press 1000	Max Press	From	To	1.54 y 7.59	
Well Connection swage	Annulus Vol.	From	To	Tail in 100 sk 60/40	
Plug Depth	Packer Depth	From	To	@ 13.5 4% Gel	
				1.50 7.50	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
21:30					on Loc, SPOT tracks, R.O. Safety mtg
23:05	100		10	5	H2O @ 1470'
23:08	800		0	5	Mix 60/40 @ 13.5 50 sk
23:20	60		41	4	H2O
23:22	0		2	-	Shot Down TOOTH to 910'
02:38	1000				Test Plug
02:53	940				Rel. Psi
02:53	100		10	5	H2O @ 910'
02:55	40		0	4	Mix 60/40 @ 13.5 60 sk
03:03	60		16	4	Finish mixing on H2O
03:05	0		2	4	Shot Down TOOTH to 60'
04:04	10		5.3	2	Plug @ 60' 20 SKS
04:13	10		5.3	2	Plug Mouse 20SKS, Washup
04:30					Job Complete

Service Units	194566	3722337726	3046337724		
Driver Names	CHINZ	S. Rodriguez	J. Garcia		

Jesse
Customer Representative

Perry Bennett
Station Manager

Chad Hinz
Cementer