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

1112416

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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)	County: Well #: 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.	
	(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 06619 A

PHESS							DATE TICKET NO				
DATE OF 12-14-	/2 t	DISTRICT Prata	+		WELL A		PROD INJ WDW CUSTOMER ORDER NO.:				
CUSTOMER / D	Drill	ing		LEASE Pe	LEASE Peters 2-8 WELL NO.						
1						COUNTY BATTON STATE 155					
CITY		STATE		SERVICE CREW James STEVE JOL							
AUTHORIZED BY					JOB TYPE: CNW 85/5 51-						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQU	JIPMENT#	HRS	TRUCK CALLED				
19903-19905	45m	in					ARRIVED AT JOB 12-14-12 AND 2:30				
19890 - 73768	45m	Mg.					START OPERATION 12-14-12 AP 3.1				
37900		/					FINISH OPERATION 12-14-129 400				
							RELEASED 12-14-124 5:00				
						1	MILES FROM STATION TO WELL				

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.

					(WELL OWNE	R, OPERATOR, CONTI	RACTOR OR AG	ENI)
ITEM/PRI RE		MATERIAL, EQUIPMENT AND SERVICE	ES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUN	T -reine
cp .	101	A-Con Blend common		5/5	175		3,750	00
1P	IDDC.	common cement		SK	175-		2,800	00
11	102	CALLODOKE.		16	88-		325	60
11	109	Calcium ChLoride		lh	8251	/	866	25
CE	153	What CEMENT PLUG.		84	- 1-		160	06
E	1017	Pickup milegge		mi	60		255	00
E	101	HPANY mileage		mi	120	1.	840	06
F	13	Bulk Delivery		mi	990		1,594	22
KE 2	00	Depth Charge		4hrs			1,000	06
CF 3	240	Mixing Charge		SK	350		490	00
LE	504	Plug Container		JAB			250	00
5	003	Supervisor		89	1-		175	00
				1-1-1				
				100.00			- 1-70 ml	1101
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			SERVICE & EQUIP	MENT		ON \$ ON \$		11
			WATERIALS		70170	TOTAL		
J						TOTAL		
							1	1
· · · ·								
SERVICE			MATERIAL AND SER	VICE	DBY: BZA	dal Th	2	
REPRES	SENTATI	VE / / / / / / ORDERED E	BY CUSTOMER AND F	LECEIVE	DDT. MUL	all inthe		-

FIELD SERVICE ORDER NO.

ECEIVE (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SIGNED:



TREATMENT REPORT

Customer	Lease No.					Date							
Lease Pe	Well # 2~8				12-14-12								
Field Order #	Station	Fatt				Casing 85/8	Dept	426	County /	Barton	5	State /5 5	
Type Job	niv 8	5/8 5	SF			F	ormation			Legal	Description	9-20-1	
PIPE	DATA	PERI	FORATIN	IG DATA	1	FLUID USE	D		TR	EATMEN	T RESUM	E	
Casing Size	Tubing Size	Shots/F	=t		Acid				RATE P	RESS	SS ISIP		
epth 426	Depth	From	Τ	o	Pre Pa	ad		Мах			5 Min.		
olume 26	Volume	From	Ţ	ö	Pad		5.1	Min			10 Min.		
lax Press	Max Press	From	Т	o	Frac			Avg			15 Min.	-	
	Annulus Vol.	From	T	0				HHP Use				Pressure	
lug Depth 나비	Packer Dept	h From	T	0	Flush			Gas Volu			Total Load		
Customer Kepr	esentative J	im		Statio	n Manage	er Scott	/		Treater	JOE	Meh	504	
Service Units	19903 1	9905	19890		68	37906							
Driver Names	James	T . 1 2	STE	Ne		JOC							
Time	Casing Pressure	Tubing Pressure	Bbls. F	umped	Ra	ite			S	ervice Log			
1.30						B	n Or	O JIS	1 545 85/8	<u>e / //</u>	reetin	2	
2.30						6	1 Sih	non	BATTA	m an	al cir	c.whe	
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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 Phone 620-672-1201

FIELD SERVICE TICKET 1718 07082 A

1112000							DATE TICKET NO				
DATE OF JOB	() [c	WELL PROD INJ WDW CUSTOMER WELL ORDER NO.:							
						LEASE Peters # WELL NO.					
ADDRESS		3 3 4		COUNTY BAILON - 8-20-11 STATE KANS.							
CITY		STATE		SERVICE CREWALLEN Mike Mathlescott							
AUTHORIZED BY					JOB TYPE: ATA, CNW						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQU	JIPMENT#	HRS	TRUCK CALLED /2- /8-12 PM TIME				
2844384	2						ARRIVED AT JOB / 2 - 18 - 12 MM 430				
19903-19505	2						START OPERATION 12-18-12 AM 600				
19826-19860	2		-				FINISH OPERATION 2-18-12 M 800				
							RELEASED 12-18-12 M 845				
				-			MILES FROM STATION TO WELL 60 - miles				

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:

Sec.			(WELL OWNE	R, OPERATOR, CONT	RACTOR OR AGENT)
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CPIOZ	60/40 Poz	SK.	1.9.0		1990000
Ce 300 Ce 102	cement Gel Cett Flaka	15 16	<u>328</u> 48	-	H 87. 00 5 1.42 86
e / (53	wooden coment Plug 82/5'	<u> </u>	_/	2	\$ 160 00
15100 F101	yout mileage cheg P.H.	an i	100		\$ 255 00 \$ 440 00
E113 6204	Bath Charge 3001-4000		492		£ 787 00 £ 2160.00
C12 240	Blood & in thing Service chy	SK	19.0		\$ 76 00
5003	Sprance Service Supervisor (ins	t Shis EA	-		\$ 175 00
СН	EMICAL / ACID DATA;			SUB TOTAL	\$5,387 0
		CE & EQUIPMENT		ON S OV	
				TOTAL	
SERVICE	THE ABOVE MATERIA	AND SERVICE		1	

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

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

REPRESENTATIVE



TREATMENT REPORT

Customer O	allin	TI.		Lease No.					Date				
0000	ers -			Well #	1-8			-	1 12	2-18-1	2		
Field Order #	Stations	rAtt	Ks		- (Casing	Dept	h 3/2	County	1 1		State	
Type Job	A	- Ji-			CN	41	Formation)		Legal Des	cription	0-11	
PIPE	DATA	PERF	ORATIN	G DATA		FLUID US	SED		TRE	ATMENT R	ESUME		
Casing Size	Tuþing Síze	Shots/F	t	190	Acid	60/4	10 Poz	40	RATE PE	BESS / A	ISIP	@ 13.8*	
Depth	Depth	From	То	110	Pre Pa		070-	Max	0		5 Min.		
Volume	Volume	From	То		Pad			Min			10 Min.		
Max Press	Max Press	From	То		Frac			Avg			15 Min.		
Well Connection	n Annulus Vol		То					HHP Use	be		Annulus P	ressure	
Plug Depth	Packer Dep		То		Flush	1.1		Gas Volu	ime		Total Load	1	
Customer Rep	esentative		TP	Station	Manage	er Sco	thy		Treater	Allen	/		
Service Units	28443	19903	19905	198.	26 1	9860	7						
Driver Names		Mike	MAtte	1 Scot	HCI	alfour							
Time	Casing Pressure	Tubing Pressure	Bbls. Pu	mped	Ra	ite			Se	rvice Log			
430 A	1.						anho	c. Di	icuse Si	nfety S	Setup	Plan Joy	
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Taylor Printing, Inc. 620-672-3656