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

1268567

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 Fe	ees:				
State of	County,		, SS.		
,	Print Name)			or Operator on above-d	
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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 12578 A

					DATE TICKET NO							
DATE OF 10-6-7	015	DISTRICT Produ,	ies	NEW OLD PROD INJ WDW CUSTOMER WELL WELL PROD INJ WDW CUSTOMER ORDER NO.:								
CUSTOMER SJelbsr Oil Corp. Inc.						LEASE MCCOV WELL NO. 2-2						
ADDRESS				COUNTY Seward STATE KS								
CITY		STATE		SERVICE CREW Derin, Shewn, McGrew								
AUTHORIZED BY	Steeles			JOB TYPE: CCSPW / PTA								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALLED					
86779	2-						ARRIVED AT JOB 10 6 PM 10:00					
16138	-						START OPERATION 10.6 PM 10:45					
							FINISH OPERATION 10-6 CM 12:45					
where a minimum at surviv	100	hand in state and an and a state of a	19403	Collection (- 19 Jack 19 19		RELEASED 10.6 MILIS					
							MILES FROM STATION TO WELL 126					

SIGNED:_

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 OWNER, OPERATOR, CONTRACTOR OR AG											
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRIC	E	\$ AMOUN	т				
CP103	60/40 202	SK	125-	and the second se		1,500	00				
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E101	Hesur Esuipment Milesse	m	60	and hereits an	4	450	00				
E113	Proppont she Bulle Deliver, cherses per tene	Julm	162			405	00				
CE202	Depth charse; 1001-2000	4hr	1	The second second		1,500	00				
CEZHO	Blendins & Mixing Service Charse	SK	125			175	00				
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SERVICE REPRESENTATIV	E Carin France THE ABOVE MATERIAL AND SERV ORDERED BY CUSTOMER AND RE		- DV	-11) _	11					
REPRESENTATIV	E Ceren Julana ORDERED BY CUSTOMER AND RE	CEIVEL	BY	1/ /	111	the second secon	and an orthogonal and				

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer 5)	stomer Stelher Oil Corp Inc. Lease No.								Date	÷.,		•							
Lease Mc		weil#							а. 	10	6	2015							
Field Order #	Statio	n f	155+	tiles		410-		Casing	12	Depth	1740	County	SP						
Type Job	CSPL	8	PT	A	Formation							1740 County Sew Site ICS Legal Description							
PIPE	DATA		PER	FORATI	NG DATA FLUID USED					TREATMENT RESUME									
Casing Size	Tubing Si	den .	Shots/F	-t			Acid	W Income Mighting				RATE	PRES	S	ISIP				
Depth	Depth	710	From		То		Pre F	Pad			Max				5 Min.				
Volume	Volume		From		То	6	Pad				Min			lat kitan ana ana ana ana ana ana ana ana ana	10 Min.				
Max Press	Max Pres	s	From		То		Frac				Avg			15 Min.					
Well Connection	Annulus \	Vol.	From		То		4				HHP Used			Annulus Pressure					
Plug Depth	Packer D	epth	From		То		Flush		18.		Gas Volun	ne	Total Load			d	1		
Customer Repre	esentative	TY:	SON		St	ation N	/lanaç	ger Kev	in G	510	184	Treate	er Do	Frin	Frsn	Klin			
Service Units	2511	78	582	867;	79 70	5555	1	76738											
Driver Names D)çı.n	Sh	swn	Show	n Mc	Gisa	m	, Grew				n Lise							
Time	Casing Pressure		ubing essure	Bbls.	Pumped	a	R	ate		5			Service	e Log					
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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383