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

1095889

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 #:	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 #: No 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	J Fees:			
State of	County,	, SS.		
	(Print Name)		f Operator or Operator on a	
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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

Cons		RE	ΜΙΤΤΟ		- CMT
INVOICE	IServices, LLC	Consolidated Oil Dep P.O. B	Well Services, LLC t. 970 ox 4346 (77210-4346	620/431-9210	MAIN OFFICE P.O. Box 884 hanute, KS 66720 • 1-800/467-8676 Fax 620/431-0012
				_J Invoice #	
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ABERCROMBIE 5510 OIL CEN GREAT BEND K (620)793-818	TER ROAD SOUTH	CEP _ 7 2	KUEHN #6 37126 4-17-27 09-05-2012 KS	SEP 1 3 172	Page 1
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9995-130 Description	CEMENT MATE: CEMENT EQUI	RIAL DISCOUN PMENT DISCOUN	r IT	·	Total -461.11 -182.34
P & A OLD WET			Hours 1.00 40.00 1.00	Unit Price 835.00 5.00	Total 835.00 200.00
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TICKET NUMBER	37126
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FOREMAN Kel	ly Gabe 1

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PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

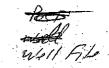
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I. imended in writing on the front of the form or in the ecifically a account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

252639





INVOICE # DATE 6/20/2011 8362

BILL TO

Abercrombie Energy LLC 5500 Oil Center Road South Great Bend, KS 67530

SERVICE DATE		DESCRIPTIÓN	ITEM	AMOU
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FOREMAN_ Walt Dinke

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PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

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FIELD TICKET & TREATMENT REPORT

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PO Box 884	l, Chanute, KS 66720	FIELD TICKET & TREATMENT REPORT

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LOCATION <u>Oalde</u> Walt Din FOREMAN____

PO Box 884, 0	Chai	nute,	KS	66720
620-431-9210	or	800-4	167-	8676

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	or 800-467-8676	5		CEMEN	Т			
DATE	CUSTOMER #	WEL	L NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
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Aba	<u>crombie</u>	Energy	<u>UC</u>		TRUCK #	DRIVER	TRUCK #	DRIVER
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AUTHORIZTION	Insus	A		TITLE			DATE	



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TICKE / NUMBER	28062

LOCATION ON CLASS

FOREMAN Fuzzy

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

				CEINEIN					
DATE	CUSTOMER #	WEL	L NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY	٦
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