



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

PGA - Ont
MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice Date: 09/11/2012 Terms: 10/10/30,n/30 Invoice # 252639
Page 1

ABERCROMBIE ENERGY
5510 OIL CENTER ROAD SOUTH
GREAT BEND KS 67530
(620)793-8186

KUEHN #6
37126
4-17-27
09-05-2012
KS

RECEIVED
SEP 13 '12

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	275.00	15.1000	4152.50
1118B	PREMIUM GEL / BENTONITE	946.00	.2500	236.50
1107	FLO-SEAL (25#)	69.00	2.8200	194.58
1105	COTTONSEED HULLS	50.00	.5500	27.50
Sublet Performed				Total
9996-130	CEMENT MATERIAL DISCOUNT			-461.11
9995-130	CEMENT EQUIPMENT DISCOUNT			-182.34

Description	Hours	Unit Price	Total
399 P & A OLD WELL	1.00	835.00	835.00
399 EQUIPMENT MILEAGE (ONE WAY)	40.00	5.00	200.00
566 TON MILEAGE DELIVERY	1.00	788.40	788.40

VENDOR NUMBER _____
VOUCHER NUMBER _____
VERIFY OF RECEIPT _____
CODE NUMBER AMOUNT _____
1354050
SELEFRUN
CEMENT TO PLUG KUEHN #6
APPROVAL *[Signature]*
VERIFIED ACCURACY _____

Plugging

Amount Due 6724.98 if paid after 10/11/2012

Parts:	4611.08	Freight:	.00	Tax:	261.45	AR	
Labor:	.00	Misc:	.00	Total:	6052.48		6052.48
Sublt:	-643.45	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808
EL DORADO, KS 316/322-7022
EUREKA, KS 620/583-7664
PONCA CITY, OK 580/762-2303
OAKLEY, KS 785/672-2227
OTTAWA, KS 785/242-4044
THAYER, KS 620/839-5269
GILLETTE, WY 307/686-4914

Perf-Tech

Wireline Services, Inc.

P.O. Box 87
 HAYS, KS 67601-0087
 (785) 623-3969

JUN 23 2011

RECEIVED

JUN 21 '11

GB

*Rec'd
 well file*

DATE	INVOICE #
6/20/2011	8362

BILL TO

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

SERVICE DATE	DESCRIPTION	ITEM	AMOUNT
6/17/2011	Koehn #6 Lane County Kansas		
	Set 5 1/2" Alpha CIBP M2 at 3870'	PERF	1,275.00T
	Truck Rental	Truck set up	400.00T
	Sales Tax		105.53
	VENDOR NUMBER _____		
	VOUCHER NUMBER _____		
	TYPE OF RECEIPT _____		
	CODE NUMBER _____	AMOUNT	
	1354005 (?)		
	SELERUN		
	SET 5 1/2 CIBP - KOEHN #6		
	APPROVAL _____		
	VERIFIED ACCURACY _____		

Price reflects discount Thank You for your business!	Total	\$1,780.53
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 28062

LOCATION Oakley

FOREMAN Fuzz

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
6-27-11	1112	Kuehns #6	4	17S	27W	lane ks												
CUSTOMER Abertom Energy			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>463</td> <td>Milos S</td> <td></td> <td></td> </tr> <tr> <td>439</td> <td>Tosh G.</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	463	Milos S			439	Tosh G.		
TRUCK #	DRIVER	TRUCK #					DRIVER											
463	Milos S																	
439	Tosh G.																	
MAILING ADDRESS																		
CITY	STATE	ZIP CODE																

JOB TYPE squeeze HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL 1.24 WATER gal/sk 5.8 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Chanute Well Service. R.C.D holes
Press to 1000* @ 2842' slight leak spot 205* cement @ 2842'
Pump 1 1/2 BBL + stage cut 1:45 hrs squeeze @ 950* Test R.C.D holes
1490' - 1734' holes found. Pull to 1323' Annulet to squeeze.
500* B-side Take in; note 3/4 BBL @ 800* mix 500* 60/40 2%orc
2.5ozel. Displace 1 BBL squeeze @ 1000*. Reverse to 6/4 N.
Repress squeeze to 500* + hold. Shut in @ 500*

Thanks Fuzz crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1250 ⁰⁰	1250 ⁰⁰
5406	45	MILEAGE	5 ⁰⁰	225 ⁰⁰
5407A	3.01 Ton	Ton mileage Delivery (min)	15 ⁰⁰	45 ⁰⁰
1131	80 SKS	60/40 pos	1435	1004 ⁰⁰
1188	120*	Bentonite	.24	28 ⁸⁰
1102	120*	Calcium Chloride	.84	100 ⁸⁰
		subtotal		3019 ¹⁰
		less 15% disc		452 ⁸⁶
		242340		
		6.39% SALES TAX		6072
		ESTIMATED TOTAL		2626 ⁹⁶

RAVIN 9737
 AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

