



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

KANSAS CORPORATION COMMISSION 1175211
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009

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

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



CONSOLIDATED
Oil Well Services, LLC

RECEIVED
DEC 20 2013
GREAT BEND

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

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

DEC 21 2013

INVOICE

Invoice # 264744

Invoice Date: 12/16/2013 Terms: 10/10/30,n/30

Page 1

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

PIANLTO #1
38114
27-4S-37W
12-12-2013
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	335.00	15.8600	5313.10
1118B	PREMIUM GEL / BENTONITE	1153.00	.2700	311.31
1107	FLO-SEAL (25#)	84.00	2.9700	249.48
1105	COTTONSEED HULLS	800.00	.5800	464.00
1111	SODIUM CHLORIDE (GRANULA	200.00	.0000	.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-633.79
9995-130	CEMENT EQUIPMENT DISCOUNT	-224.60

Description	Hours	Unit Price	Total
399 P & A NEW WELL	1.00	875.00	875.00
399 EQUIPMENT MILEAGE (ONE WAY)	45.00	5.25	236.25
T-127 TON MILEAGE DELIVERY	1.00	1134.78	1134.78

VENDOR NUMBER _____
 VENDOR NAME _____
 ADDRESS _____
 CITY _____ STATE _____
 ZIP _____
 1354050
 PIANA
 CEMENT TO PLUG WELL

APPROVAL _____
 VERIFIED _____

Amount Due 9100.46 if paid after 01/15/2014

Parts:	6337.89	Freight:	.00	Tax:	464.89	AR	8190.42
Labor:	.00	Misc:	.00	Total:	8190.42		
Sublt:	-858.39	Supplies:	.00	Change:	.00		

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

264744



TICKET NUMBER 38114
LOCATION DAKLEY KS.
FOREMAN DAMON M.

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

FIELD TICKET & TREATMENT REPORT

CEMENT

KS.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-12-13	1112	PIANLTD #1	27	45	37 W	CHEYENNE
CUSTOMER ABERCROMBIE ENERGY		BREWSTER W 103RD N 44RD		TRUCK # 399	DRIVER TIM W	TRUCK # DRIVER
MAILING ADDRESS		18 2031 N 40 1/2 RD BATTERIES N 1160		529 T-127	MIKE R	
CITY	STATE	ZIP CODE	RIDE ALONG		LANCE	

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2 #10.5
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: SABBY MEETING RIG UP ON WELL PUMPED 10 BBL OF H2O AHEAD AND PLUGGED AS ORDERED WITH 335 SKS 60/40 4% GEL 1/4" FLOSEAL W/ COTTONSEED HOLES

25 SKS @ 4262' w/ 300# HOLES
110 SKS @ 3135' w/ 300# HOLES
110 SKS @ 1600 w/ 200# HOLES
15 SKS BACKSIDE
15 SKS TOP OFF

THANK YOU DAMON ✓

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	875.00	875.00
5406	45	MILEAGE	5.25	236.25
5407	14.41	TON MILEAGE DELIVERY	1.75	1134.78
1131	335 SKS.	60/40 POZ	15.86	5313.10
1118B	1153#	BETONITE	.27	311.31
1107	84#	FLOSEAL	2.97	249.48
1105	800 #	COTTONSEED HOLES	.58	464.00
1111	200#	SALT	N/C	N/C
			SUBTOTAL	8583.92
			LESS 10%	858.39
			SUBTOTAL	7725.53
			8.15	464.89
			SALES TAX ESTIMATED	464.89
			TOTAL	8190.42

completed

Revin 3737

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 fo