



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

KANSAS CORPORATION COMMISSION 1219961
OIL & GAS CONSERVATION DIVISION

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 #: _____
 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

Form	CP4 - Well Plugging Record
Operator	Abercrombie Energy, LLC
Well Name	SODEN 1
Doc ID	1219961

Producing Formations

Formation	Top	Bottom	Total Depth
Severy Sand	2940	2944	
L-KC	3518	3522	
L-KC	3579	3583	
L-KC	3616	3624	
L-KC	3642	3646	
Simpson	3860	3866	
Simpson	3883	3886	

ALLIED

OIL & GAS SERVICES, LLC

PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 144731
Invoice Date: Jul 30, 2014
Page: 1



Federal Tax I.D.#: 20-8651475

RECEIVED
AUG 13 2014

Bill To:
Abercrombie Energy, LLC 5510 Oil Center RD South Great Bend, KS 67530

Customer ID	Well Name/# or Customer P.O. #	Payment Terms	
Aber	55460	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-09	Russell	Jul 30, 2014	8/29/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Sodem #1		
100.00	CEMENT MATE	Class A Common	17.90	1,790.00
200.00	CEMENT MATE	Cottonseed Hulls	0.99	198.00
170.00	CEMENT SERVI	Cubic Feet Charge	2.48	421.60
199.75	CEMENT SERVI	Ton Mileage Charge	2.75	549.31
1.00	CEMENT SERVI	Spot Plug	2,600.47	2,600.47
25.00	CEMENT SERVI	Pump Truck Mileage	7.70	192.50
25.00	CEMENT SERVI	Light Vehicle Mileage	4.40	110.00
2.00	CEMENT SERVI	Waiting on Location	440.00	880.00
1.00	CEMENT SUPEI	Tony Pfannenstiel		
1.00	OPERATOR AS	Danny Sinner		
1.00	OPERATOR AS	Tracy Jordan		

VENDOR NUMBER _____
 VOUCHER NUMBER _____
 VALUE OF RECEIPT _____
 JOB NUMBER _____ AMOUNT _____
1354050
SODEN
SPOT PLUG
 APPROVAL JS
 VERIFIED ACCURACY _____

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 1,011.28

ONLY IF PAID ON OR BEFORE
Aug 29, 2014

Subtotal	6,741.88
Sales Tax	482.04
Total Invoice Amount	7,223.92
Payment/Credit Applied	
TOTAL	7,223.92

SCJ 8-11-14

ALLIED

OIL & GAS SERVICES, LLC

Post
wall file

INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 144897
Invoice Date: Aug 1, 2014
Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

RECEIVED

AUG 25 2014

WICHITA

RECEIVED
AUG 19 2014
GREAT BEND

Bill To:
Abercrombie Energy, LLC
5510 Oil Center RD South
Great Bend, KS 67530

Customer ID	Field Ticket #	Payment Terms	
Aber	63678	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Great Bend	Aug 1, 2014	8/31/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Soden #1		
1,000.00	CEMENT MATERIALS	Gel	0.50	500.00
160.00	CEMENT MATERIALS	60/40 4% Gel Blend	18.92	3,027.20
170.00	CEMENT SERVICE	Cubic Feet Charge	2.48	421.60
184.49	CEMENT SERVICE	Ton Mileage Charge	2.75	507.35
1.00	CEMENT SERVICE	Old Hole Plug	1,512.25	1,512.25
25.00	CEMENT SERVICE	Pump Truck Mileage	7.70	192.50
25.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	110.00
1.00	CEMENT SUPERVISOR	Kevin Eddy		
1.00	OPERATOR ASSISTANT	Kevin Weighous		
		VENDOR NUMBER		
		VENDOR NAME		
		ACCOUNT		
		1354030		
		SODEN		
		PLUG WELL		
		APPROVAL JS		
		VERIFIED ACCURACY		

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 940.64

ONLY IF PAID ON OR BEFORE
Aug 31, 2014

Subtotal	6,270.90
Sales Tax	448.37
Total Invoice Amount	6,719.27
Payment/Credit Applied	
TOTAL	6,719.27

522 8-19-14

-940.64
5778.63

ALLIED OIL & GAS SERVICES, LLC 063678

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
G-out Bend

DATE <u>8-1-14</u>	SEC. <u>23</u>	TWP. <u>23</u>	RANGE <u>13</u>	CALLED OUT	ON LOCATION <u>1130 AM</u>	JOB START <u>100 PM</u>	JOB FINISH <u>130 PM</u>
LEASE <u>Sader</u>	WELL # <u>1</u>		LOCATION <u>Joint 2 North</u>		COUNTY <u>Starr</u>	STATE <u>TX</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)			<u>South RD 2 1/2 East 1/2 North</u>				

CONTRACTOR Alliance
 TYPE OF JOB 910 hole
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5 7/8 DEPTH
 TUBING SIZE 2 3/4 DEPTH 769
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

EQUIPMENT

PUMP TRUCK CEMENTER Wayne Davis
 # 597 HELPER Kevin Eddy
 BULK TRUCK
 # 599 DRIVER Kevin Werghous
 BULK TRUCK
 # DRIVER

REMARKS:

1st Plug at 769 mix 16.5% Gel
50% 60/40 + 4% Displace 1.25 BBLs
2nd Plug at 340 mix 40% 60/40 + 4%
Displace 2 BBLs
60 feet circulated 60 5% 60/40 + 4%
To surface

CHARGE TO: Amburcumbic
 STREET _____
 CITY _____ STATE _____ ZIP _____

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Tason Schuler
 SIGNATURE Tason Schuler

OWNER Amburcumbic
 CEMENT AMOUNT ORDERED 1605x 60/40 + 4%
10 Gal on site
 COMMON @ _____
 POZMIX @ _____
 GEL 1000 @ .50 500.00
 CHLORIDE @ _____
 ASC @ _____
1605x 60/40 + 4% @ 18.92 3027.25
Materials Total 3527.25
 @ Disc 15% 529.98
 @ _____
 @ _____
 @ _____
 @ _____
 Service _____
 @ _____
 HANDLING 170x @ 2.48 421.60
 MILEAGE 7.38x 25x 2.75 507.37

DEPTH OF JOB _____
 PUMP TRUCK CHARGE 1512.25
 EXTRA FOOTAGE @ _____
 MILEAGE AVM 25 @ 7.70 192.50
 MANIFOLD @ _____
hvm 25 @ 4.40 110.00
 @ _____

TOTAL 2,743.72
 Disc 15% 411.56

PLUG & FLOAT EQUIPMENT

 @ _____
 @ _____
 @ _____
 @ _____
 @ _____

08 TOTAL 0

SALES TAX (If Any) _____
 TOTAL CHARGES 6,270.92
15% 940.64 (15/15/0)
 DISCOUNT _____ IF PAID IN 30 DAYS
5,330.28