



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

KANSAS CORPORATION COMMISSION 1263181
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



CONSOLIDATED
Oil Well Services, LLC

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

*Post
Well File*
MAIN OFFICE

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

Invoice

Invoice# 805355

Invoice Date: 08/14/15

Terms: C.O.D.

Page 1

ABERCROMBIE ENERGY
5510 OIL CENTER ROAD SOUTH
GREAT BEND KS 67530
USA
6207938186

RECEIVED
AUG 18 2015
GREAT BEND

MAPES
RICHARDS #1 WSW

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0470	Cement Pump Charge 0' - 300' (Coalbed/Methane	1.000	950.0000	30.000	665.00
CE0002	Equipment Mileage Charge - Heavy Equipment	80.000	7.1500	30.000	400.40
CE0710	Cement Delivery Charge	1.000	933.1000	30.000	653.17
CC5829	Lite-Weight Blend V (60:40:4)	155.000	16.0000	30.000	1,736.00
CC6075	Celloflake	39.000	2.0000	30.000	54.60
CC6080	Cottonseed Hulls	300.000	0.5000	30.000	105.00
Subtotal					5,163.10
Discounted Amount					1,548.93
SubTotal After Discount					3,614.17
Amount Due 5,366.20 If paid after 08/14/15					

Tax: 142.17
Total: 3,756.34

VENDOR NUMBER _____
VOUCHER NUMBER _____
TYPE OF RECEIPT _____
SELLER'S NAME _____ AMOUNT _____
1354050 _____
MAPESUN _____
CEMENT PLUG RICHARDS #1 _____
APPROVAL _____
VERIFIED ACCURACY _____



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

3879
3997

TICKET NUMBER 49477
LOCATION Oakley, KS
FOREMAN Kelly Gabel

FIELD TICKET & TREATMENT REPORT
CEMENT **INVOICE # 805355** KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-13-15	1112	Richards #1	22	1	26	Decatur
CUSTOMER <u>Abercrombie</u>			Lyle Church 1/2 W S.S			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			<u>753</u>	<u>nickel</u>		
STATE			<u>566</u>	<u>bill</u>		
ZIP CODE			<u>640</u>			

JOB TYPE OHF HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 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: safety meeting, rigged up on well, ran tubing to 1574'
pumped 5 bbl water, mixed 120 SKS 60/40 Poz 490 gel 1/4" #10 seal
with 300# Hulls to circulate to surface, pulled tubing,
tapped off casing with 20 SKS, topped off backside with
15 SKS

*Thank You
Kelly Gabel*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0470	1	PUMP CHARGE	950.00	950.00
CE 0002	80 mi	MILEAGE	7.15	572.00
CE 0710	6.66	Ten mileage delivery	175	933.00
CC 5829	155 SKS	Line Weight Blend II (60/40 Poz) 490 gel	16.00	2480.00
CC 6025	39#	cellulose	2.00	78.00
CC 6080	300#	cotton seed Hulls	.50	150.00
			SUB.	5163.00
			Less 30.20	1548.93
			plus	3614.17
			SALES TAX	142.17
			ESTIMATED TOTAL	3750.31

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE 8-13-15

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