



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

KANSAS CORPORATION COMMISSION 1304795
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
will file*

MAIN OFFICE

P.O.Box884
Chanute, KS 66720
620/431-9210, 1-800/467-8676
Fax 620/431-0012

Invoice

Invoice# 807389

Invoice Date: 04/05/16

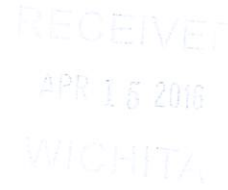
Terms: C.O.D.

Page 1

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



MALANCO #1



Tax: 246.14
Total: 4,106.04

VENDOR NUMBER _____
 VOUCHER NUMBER _____
 COPY OF RECEIPT _____
 ITEM NUMBER AMOUNT
 1354050 _____
 MILLSON _____
 CEMENT TO PLUG - MALANCO #1
 APPROVAL *[Signature]* _____ *AIL*
 VERIFIED ACCURACY _____



CONSOLIDATED
Oil Well Services, LLC

5588

5494 Invoice # 81389

TICKET NUMBER 49666
LOCATION Oakley, KS
FOREMAN Jerry V

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
4-4-16	1112	Malanca #1	11	15	21w	Cove
CUSTOMER			COVERS			
MAILING ADDRESS			14m			
CITY			WINTO			
STATE			TRUCK #			
ZIP CODE			DRIVER			
			TRUCK #			
			DRIVER			

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 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 & rig up on Wild West Well Service plugs as ordered with
315 sks 60/40 premix 48 gal
75 sks @ 39.25 with 250 # hulls
75 sks @ 29.25 with 100 # hulls
75 sks @ 19.60 with 100 # hulls
65 sks @ 9.60 circulating cement to surface
10 sks on annulus & press to 250 #
15 sks top of f

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0470	1	PUMP CHARGE	950.00	950.00
CE0002	20	MILEAGE	7.15	143.00
CE0711	13.55	ten milege delivery (min)	660.00	660.00
CC5829	315 sks	Lite blend II	16.00	5040.00
CC6080	450 #	cotton seed hulls	.50	225.00
			Subtotal	7018.00
			-4.5% disc.	315.81
			Subtotal	3859.90
			SALES TAX	246.14
			ESTIMATED TOTAL	4106.04

Revin 3737

AUTHORIZATION [Signature] TITLE Production Foreman 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.

Consolidated oil well services

Monday, March 28, 2016

8:57 PM

Cement Bid for: ABERCROMBIE

Type of Job: OHP
Lease: GOVE AREA
County: GOVE
State: KANSAS
Legals-

400 SKS 60/40 POZ,4%GEL,600# HULLS,#2,~~5~~ GEL

Pump truck- 950.00
20 Miles- 143.00
TOTAL= 1,093.00

FLOAT EQUIPMENT

400 SKS LITE-WEIGHT BLEND V -	6,400.00
600# HULLS	300.00
17.20 TON MILEAGE	660.00
TOTAL	7,360.00

	PUMPTRUCK- 1,093.00 MATERIAL - 7,360.00 FLOAT EQUIP-
	SUB TOTAL - 8,453.00 45% DISC - 3,803.85
	TOTAL = 4,649.15

TAX INCLUDED AT INVOICING

BID BY: WALT DINKEL




AESC 2015
Gold Safety Award

Post
Well File
Invoice

Page: 1

Pioneer Wireline Services, LLC
P.O. Box 202567
Dallas, TX 75320-2567
(785) 443-3205

INVOICE NUMBER: 1-49295
INVOICE DATE: 3/31/2016
CLIENT: ABERCR

Sold To

ABERCROMBIE ENERGY LLC
Attention: Accounts Payable
10209 West Central, Suite 2
Wichita, KS 67212 USA

RECEIVED
APR - 7 2016
WICHITA AL

LEASE	
WELL #	Malanco # 1
COUNTY	Gove
CLIENT PO	
DUE DATE	4/30/2016
ENGINEER	Walker, David L

QUANTITY	DESCRIPTION	UNIT PRICE	EXTENSION
1.000	Rig-up on Rig or Crane	846.82	846.82
1.000	Perforate Slick Low Press Depth	384.92	384.92
1.000	Perforate Slick Low Press 0-6000	44.65	44.65
1.000	Perforate Slick Low Press 0-6000	44.65	44.65
1.000	Gun Release System	153.96	153.96
	LAST ITEM		

THANK YOU FOR YOUR BUSINESS

TERMS: If Company has an approved open account with Pioneer, invoices are payable NET 30 days from date of invoice. If Company does not have an approved open account with Pioneer, all sums are payable prior to performance of services or delivery of equipment, products, or materials. Company agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Pioneer employs an attorney for collection of any account, Company agrees to pay reasonable attorney fees plus all collection and court costs.

Subtotal	1,475.00
Freight	0.00
Sales Tax	125.38
Payment/Credit Amount	0.00
Balance:	<u>1,600.38</u>

