

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1304795

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 #:			AF	ગ No.	15	
Name:				ot De	scription:	
Address 1:			_		Sec Tw	p S. R East West
Address 2:			_		Feet from	North / South Line of Section
City:	State:	Zip:+ +	_		Feet from	East / West Line of Section
Contact Person:			Fo	otage	s Calculated from Neares	st Outside Section Corner:
Phone: ()					NE NW	SE SW
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	c Co	ountv.		
Water Supply Well	Other:	SWD Permit #:		-		Well #:
ENHR Permit #:	Gas Sto	rage Permit #:				
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1			ved on: (Date)
Producing Formation(s): List A	All (If needed attach another	sheet)	by	:		(KCC District Agent's Name)
Depth to	Top: Botto	m: T.D	_{Plu}	uaainc	a Commenced:	
Depth to	Top: Botto	m: T.D		00 0	-	
Depth to	Top: Botto	m:T.D	```	-993	y	
				—		
Show depth and thickness of a		ations.				
Oil, Gas or Water	Records			rd (Su	ırface, Conductor & Produc	tion)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
Describe in detail the manner cement or other plugs were us	. 00		•			s used in introducing it into the hole. If
Plugging Contractor License #	<i>‡</i> :		Name:			
Address 1:			Address 2: _			
City:			Sta	ate:		Zip:+
Phone: ()						
Name of Party Responsible fo	or Plugging Fees:					
State of	County, _		, s	SS.		
	(Print Name)			E	imployee of Operator or	Operator on above-described well,

Submitted Electronically

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



REMIT TO

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

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

ABERCROMBIE ENERGY

5510 OIL CENTER ROAD SOUTH GREAT BEND KS 67530

USA

6207938186

MALANCO #1

		===========	=========	========	
Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0470	Cement Pump Charge 0' - 300' (Coalbed/Methane	1.000	950.0000	45.000	522.50
CE0002	Equipment Mileage Charge - Heavy Equipment	20.000	7.1500	45.000	78.65
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	45.000	363.00
CC5829	Lite-Weight Blend V (60:40:4)	315.000	16.0000	45.000	2,772.00
CC6080	Cottonseed Hulls	450.000	0.5000	45.000	123.75
				Subtotal	7,018.00
			Discounte	3,158.10	
			SubTotal Afte	r Discount	3,859.90

Amount Due 7,465.53 If paid after 04/05/16

Tax:

246.14

Total:

4,106.04 ______

> 1354050 MILLSON CEMENT TO PLUG - MAI, ANCO = 1 All

BARTLESVILLE, OK 918/338-0808

EL DORADO,KS 316/322-7022

EUREKA, KS 620/583-7554

PONCA CITY, OK 580/762-2303

SCT 4-12-16

OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044

THAYER, KS 620/839-5269

GILLETTE, WY 307/686-4914

CUSHING, OK 918/225-2650



TICKET NUMBER 49666 LOCATION OFKILL KS

	Oil Well Service	es, LLC	54	94 MV	olce # 10	30RMAN_	Jerry)	/
	nanute, KS 667		LD TICKE		TMENT REP	ORT "	/	Ks
DATE DATE	CUSTOMER #		NAME & NUM	CEMEN	SECTION	TOWNSHIP	RANGE	COUNTY
	61 1.2		,		11	1.5	214	Gae
4-4-16 CUSTOMER	1116		lance +1	Goves		1 /3	214	
	Aheren	ombic		14m	TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	SS			Wisto	753	Miles		
				Winte	529.7127	Keith		
CITY		STATE	ZIP CODE					
JOB TYPE	SHP	HOLE SIZE		HOLE DEPTH	1	CASING SIZE & V	VEIGHT	1/2
CASING DEPTH					75		OTHER	
LURRY WEIGH	IT					CEMENT LEFT in	CASING	
DISPLACEMENT	-	DIODI AOFUEN	T DOI	MIN DOI		DATE		
REMARKS:	Softyme	ting & ri	× 40 0	1 4/1/1	West Well	Sous plu	0295 Ord	lered wind
315 sks	60/40	Sizmix	48501	/		,	0	
	K= @ 39	25 1176	2507	holls				
75 SE	5 6 29	25 with	100 74	1015				
	4s @ 196	O with	100 11	10/6				
	5 C 960				Sanfee		200400	
10.00	ks on agu	Circula		DH XI	941 9412	7	Test Me	7
15 01	s topoft	aras apri	37 -077	<u>C.</u>		- 1	tak you	-1,1
15 5/1	1 roper						11.7 - 2.1	
ACCOUNT	OHANITS	or UNITS		ESCRIPTION of	of SERVICES or Pi	RODUCT	UNIT PRICE	TOTAL
CODE	QUANTI				TOLITATION OF THE			CHARLES CANADA SAN AREA
CE 0470.			PUMP CHAR	GE			95000	95000
CECOOZ			MILEAGE				75	14.3.00
CE0711	13,	55	tonori	lege del	'VERY	(min)	660°	6600
				V				
CC5829 6	3/5	5KS	lite.	bland I	I		1600	504000
CC 6080 0				seed hu			"TE	22500
(1 4.000	100							
			-				- 1661	7000
			-				546/6/ -45% 530 546/6/	210010
							-70 6 65C	5/58-
							Subtotal	385 9
							-	
		143						
	1	4.						2

Ravin 3737 AUTHORIZTION_

TITLE PROCLUCTION FORMER

TOTAL DATE

SALES TAX **ESTIMATED**

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

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	660.00
MILEAGE	
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



Pioneer Wireline Services, LLC



Gold Safety Award

Invoice

Page:

INVOICE NUMBER: 1-49295

INVOICE DATE: 3/31/2016

CLIENT: ABERCR

Sold To

(785) 443-3205

P.O. Box 202567

Dallas, TX 75320-2567

ABERCROMBIE ENERGY LLC

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



LEASE	
WELL#	Malanco # 1
COUNTY	Gove
CLIENT PO	
DUEDATE	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.

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



Name Printed

Every Project Is Personal

Pioneer Wireline Services, LLC

Service Order No.

1-49295

Phone: 785.625.3858

785.625.8635 Fax:

Date: 3-31-2016

				dient Order t			
Company Amber	crombile Enersy	1,46		Ve	6d 01	J	
Billing Address	/		. (City		ST	Zip
Lease & Well # Malanco Nearest Town	No. 1	Field Name			11-15	5-0	1650 F
Healy	County/Parish ST K GOVE K Level (surf.) Reading for	Rig Permit # rom Customer T.D. L 42(55	Pione	Prite Zone er T.D.	Casing Size		Casing Weight evation
Engineer D. Walker	Tours Deliver	Ain	Crew Mem	bers		Unit#	Miles
oduct Code Description			Q-ty	Unit Price	Depth From	To	\$ Amount
non Right	And Truck Ren chase ate using 33/8 HG rate using 33/8 H	70 BCO	1				220000
7500 Dela	- Chare		1	n= n		*	1000
7502 Perfor	ate win 3 /8 HE	ic Ixi	2	35			11600
7502 Perfo	rate Win 33/8 M	EC 1x2	2	858			11600
7000 Select	Fire 5.b	- B	91	425 80			400 95
					-		
	(11)05/						<u> </u>
10101	(av) 3			-			
101010	, V		_	-			
2010	0						
190							
190	ed 5						
	013						
190			SISSING CONTRACTOR		V-104-2-1-10-10-0-1	0720	30 60
NTER INTO THIS CONTRAC	CERTIFIES THAT HE HAS FULL AUTH TON BEHALF OF THE CLIENT AND A	GREES TO THE			SUBTOTAL	300	32
ERMS AND CONDITIONS S	ET FORTH ON THE REVERSE SIDE HE				DISCOUNT	8161-	78 00
Client Approval	04	35 6			TAX		13 -
Name Printed	Signature / Date	2 Colina			NET TOTAL		
Pioneer Field Represent	ative		PIONEE	R OFFICE USE ON	LY – Manage App	ntonal	//
David Walk	e San Walle Signature / Date	3-31-2016		cker	1	14	alure / Date