



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

KANSAS CORPORATION COMMISSION 1320798
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.

(Print Name) Employee of Operator or Operator on above-described well,

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



CONSOLIDATED
Oil Well Services, LLC

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

Invoice

Invoice# 808765

Invoice Date: 10/06/16

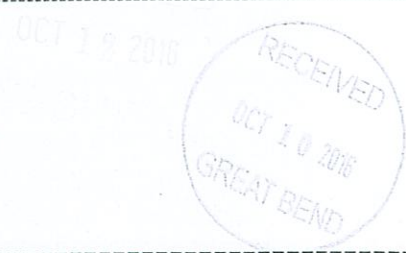
Terms: Net 30

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ABERCROMBIE ENERGY

5510 OIL CENTER ROAD SOUTH
GREAT BEND KS 67530
USA
6207938186

MAPES #2
15-039-20,240



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	50.000	7.1500	45.000	196.63
CE0710	Cement Delivery Charge	1.000	1,091.1300	45.000	600.12
CC5829	Lite-Weight Blend V (60:40:4)	290.000	16.0000	45.000	2,552.00
CC6080	Cottonseed Hulls	600.000	0.5000	45.000	165.00
Subtotal					7,338.63
Discounted Amount					3,302.38
SubTotal After Discount					4,036.25

Amount Due 7,709.13 If paid after 11/05/16

Tax: 203.78

Total: 4,240.03

VENDOR NUMBER _____
VOUCHER NUMBER _____
DATE OF RECEIPT _____
ORDER NUMBER _____ AMOUNT _____
1334050 _____
MAPES UN _____
CEMENT TO PLUG WELL #2 _____
APPROVAL _____
VERIFIED ACCURACY _____

507 10-10-11



CONSOLIDATED
Oil Well Services, LLC

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

6797

6696

Invoice # 808765

TICKET NUMBER 51598
LOCATION Oakley, Ks
FOREMAN Jerry Y

FIELD TICKET & TREATMENT REPORT
CEMENT

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-5-16	1112	Mapes # 2	22	1 S	26 W	Deerbor
CUSTOMER			Lyle lw			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
Abercrombie			753	Miles S		
5510 Oil Center Road South			772-729	Keith C		
CITY	STATE	ZIP CODE				
Gilbert Bend	Ks	67530				

JOB TYPE OHF HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting ending upon Wild West plug as ordered with 290 sks
liteblad II
75 sks @ 3245' @ 250# hulls
75 sks @ 2180' @ 250# hulls
75 sks @ 1090' @ 150# hulls circulating cement to surface
20 sks top off
45 sks on annulus
 Thank you
 Jerry & crew

API # 15-039-20,240

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0470	1	PUMP CHARGE	950.00	950.00
CE0002	50	MILEAGE	7.15	357.50
CE0710	12.47	Ton mileage delivery	175	1091.15
CC5829	290 sks	liteblad II	16.00	4640.00
CC6080	600#	hulls	50	300.00
			Subtotal	7338.65
			-45%	3302.38
			Subtotal	4036.27
			SALES TAX	203.78
			ESTIMATED TOTAL	4240.03

Ravin 3737

AUTHORIZATION [Signature] TITLE 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.



Please Remit To:
 P.O. Box 549
 Hays, KS 67601
 Phone: (785) 628-6395
 Fax: (785) 628-3651

FIELD TICKET No. 31321

DELIVERED FROM _____
 DATE 10-4-16

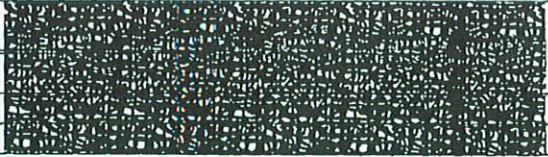
INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <i>Mapes #2</i>	WELL NO.
CUSTOMER <i>Abercrombie Energy, LLC</i>	FIELD <i>Mapes</i>	STATE <i>KS</i> COUNTY <i>Decatur</i>
ADDRESS	LOCATION <i>Sec 22 - Top 1s - Rge 26W</i>	
CITY	CASING SIZE & WT.	TBG. SIZE
STATE	ZIP	TYPE OF JOB <i>Perf</i>

ORDERED BY	TITLE	SERVICE SUPV.			
PART NO.	DESCRIPTION	REV CODE	QTY.	UNIT PRICE	AMOUNT
<i>40-70-210-1000</i>	<i>Setup</i>				<i>500</i>
<i>40-75-805-1005</i>	<i>3 1/2 HSL Squeeze Gun</i>		<i>2</i>		
<i>40-75-805-1005</i>	<i>3 1/2 HSL Squeeze Gun</i>		<i>2</i>		<i>1250</i>
	<i>Perfs 1928</i>				
	<i>1302</i>				

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS <i>1750</i>
			DISCOUNT <i>525</i>
			TAX
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED			TOTAL CHARGES <i>1225</i>

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)	Hours	Initials
<i>Jeremy Seib</i>	<i>5</i>	
<i>Paul Brunsardt</i>	<i>5</i>	



CUSTOMER AGREES to pay Nabors Completion & Production Services Co. (the "Company") on a net 30 day basis from date of invoice. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt of invoice, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

X *[Signature]*
 NABORS COMPLETION & PRODUCTION SERVICES CO.

X *Tim*
 CUSTOMER REPRESENTATIVE