



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

KANSAS CORPORATION COMMISSION 1321844
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



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#

808976

Invoice Date: 11/08/16

Terms: Net 30

Page 1

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



Bouziden #2-18

Tax: 286.44

Total: 4,811.43

VENDOR NUMBER _____

WELL NUMBER _____

AMOUNT _____

1354050 _____

BOUZ _____

CEMENT TO P&A WELL # 2 _____

APPROVAL _____

VERIFIED ACCURACY _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7554

PONCA CITY, OK
580/762-2303

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

Nov. 7. 2016 2:03PM

No. 0272 P. 3



CONSOLIDATED
Oil Well Services, LLC

6992/6892

TICKET NUMBER 51561

LOCATION Oakley Ks

FOREMAN Jerry V

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

FIELD TICKET & TREATMENT REPORT

CEMENT

INVOICE # 808976 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
<u>11-7-16</u>	<u>1112</u>	<u>Bouziden #2-18</u>	<u>18</u>	<u>12s</u>	<u>33w</u>	<u>Logan</u>
CUSTOMER						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			
<u>Abercrombie</u>		<u>KS</u>	<u>67530</u>			
<u>5510 Oil Center Road</u>						
<u>Gardland</u>						
TRUCK #		DRIVER	TRUCK #	DRIVER		
<u>731</u>		<u>Cory D</u>				
<u>772-T129</u>		<u>Steve O</u>				

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 and rigup on Cheyenne plug as ordered with 385 sks
Litebleed IV
100 sks @ 4190 with 400# hulls
100 sks @ 3110 with 200# hulls
130 sks @ 1850 with 100# hulls circulating cement to surface
30 sks top of R
25 sks on annulus
Thank you
Jerry screen

AP # 15-109-20 718-00-00

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>CE0470</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>950.00</u>	<u>950.00</u>
<u>CE0002</u>	<u>15</u>	<u>MILEAGE</u>	<u>7.15</u>	<u>107.25</u>
<u>CE0711</u>	<u>16.56</u>	<u>ton mileage delivery</u> m.m	<u>660.00</u>	<u>660.00</u>
<u>CC5829</u>	<u>385 sks</u>	<u>Litebleed IV</u>	<u>16.00</u>	<u>6160.00</u>
<u>CC6080</u>	<u>700 #</u>	<u>cottonseed hulls</u>	<u>5.00</u>	<u>3500.00</u>
			<u>Subtotal</u>	<u>8227.25</u>
			<u>-452</u>	<u>3702.25</u>
			<u>Subtotal</u>	<u>4524.99</u>
			SALES TAX	<u>286.44</u>
			ESTIMATED TOTAL	<u>4811.43</u>

Revin 9737

AUTHORIZATION [Signature] TITLE Tim J. Lian DATE 11/7/2016

I Received Tim Nov. 7, 2016 2:02PM No. 0100 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 for



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

IELD TICKET No. - 77896

DELIVERED FROM _____
 DATE 11-7-16

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <u>Burziden #2-18</u>	WELL NO.
CUSTOMER <u>Abercrombie Energy, LLC.</u>	FIELD <u>Janice South</u> STATE <u>KS</u>	COUNTY <u>Logan</u>
ADDRESS	LOCATION <u>Sec 18 - Twp 12s - Rge 33w</u>	
CITY	CASING SIZE & WT.	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>Perf</u>

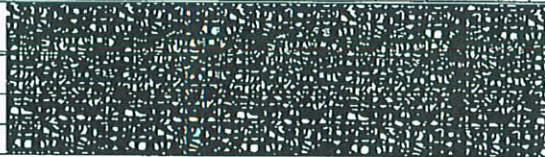
ORDERED BY	TITLE	SERVICE SUPV.
PART NO.	DESCRIPTION	REV. CODE QTY. UNIT PRICE AMOUNT
<u>40-70-210-1000</u>	<u>Setup</u>	
<u>40-75-805-1005</u>	<u>3 1/2 Squeeze Gun</u>	<u>2</u> <u>1250</u>
	<u>Perf 2620</u>	

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

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

Employee Name (Print)	Hours	Initials
<u>Jeremy Seib</u>	<u>1.25</u>	
<u>Paul Brungardt</u>		



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 Jeremy Seib
 NABORS COMPLETION & PRODUCTION SERVICES CO.

X [Signature]
 CUSTOMER REPRESENTATIVE