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

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1324109

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 #: | API No. 15 |
|---|--|
| Name: | Spot Description: |
| Address 1: | Sec Twp 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: | Footages Calculated from Nearest Outside Section Corner: |
| Phone: () | NE NW SE SW |
| Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) | County: Well #: 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 | Pulled Out | | | |
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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 |
| | |

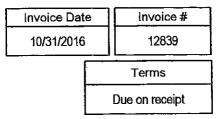
being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.



EXCELL SERVICES LLC 36629 US Highway 385 Wray, CO 80758-9667 Phone - (970) 332-3151 Fax - (970) 332-5821

Remit to: Excell Services LLC, 36629 US Highway 385, Wray, CO 80758

Invoice



Bill To Rosewood Resources, Inc. PO Box 926 St. Francis, KS 67756

| AFE / P.O. No. | Location | County - State | | Start Date | End Date 10/11/2016 |
|------------------------|----------|----------------|---------|------------|------------------------|
| Uplinger 32-15 | | Cheyenn | ie - KS | 10/11/2016 | |
| Description | Quantity | U/M | Rate | Amount | |
| lug & Abandon Bid | | | | 5,450.00 | 5,450.00 |
| | | | | | |
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| | | | | | |
| Thank you for your bus | iness! | | <u></u> | Total | \$5,450.0 |
| (a) | <u> </u> | Denver Office | <u></u> | <u> </u> | ···· |

EXCELL SERVICES LLC DAILY FIELD TICKET

1301

36629 US Highway 385 Wray, CO 80758 Phone: (970) 332-3151 Fax: (970) 332-5821 1760 WCR 27 Bldg. A-B Brighton, CO 80603 Phone: (970) 332-3151 Fax: (970) 332-5821

| COMPANY | Rosen | P.O. # | DATE 10-11-1 | '6 |
|------------|---------|--------------------------|--------------------------|-----|
| FIELD | 11020 | | REPORT NO. | |
| WELL NO. | UDLINGE | 1 32-15 | RIG NO. | |
| | FSWSW | | WEATHER | |
| COUNTY, ST | | KS | CLASSIFICATION OF JOB | |
| FROM | ТО | | F WORK PERFORMED | HRS |
| | | MIRU CONSOLIDATED, F | UMB 20BBLS water to kill | |
| | | well. Mix 90 sks cement | w/ 150 # Hulls, pumped | |
| | | to PATE W/700 Shut in | | |
| | | 30 SKS Compart down AN | | |
| | | RAMD LOC. | | |
| | | | | |
| | | | | |
| | | Darrel Doman State c | FKS | |
| | | James Kichneyer / Rosewi | | |
| | | Were ON LOC. | , | |
| | | | | |
| < <u>.</u> | | | | |

| NAME | RIG | RATE | TRAVEL | RATE | EXT. RIG | EXT. TRAVEL | TOTAL |
|---------------------------------------|-------|------|------------------------|------|----------|-------------|-------|
| | HOURS | | HOURS | | HOURS | HOURS | |
| | | | | | | | |
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| | NAME | | NAME RIG RATE HOURS | | | | |

| Contractor | | | . past du | ie accounts. Custo | % per month, which is 18% annum, wil mer agrees to pay a reasonable attorned | l be charged on the u y's fee and other cos | npaid balance of ts of collection | |
|--------------------|--------|-------------------------------------|--------------|---------------------|--|--|--------------------------------------|--|
| RIG COST | HRS @ | | after de | efault and referral | to an attorney. | | | |
| TRAVEL TIME | HRS @ | | Company Rep. | | | | | |
| FUEL | 7% | | | | | | | |
| RIG MANAGER | | | WELL | DETAIL | RODS/TUBING/PUMP | D PU | LL OUT 🗆 RUN IN | |
| CREW PICKUP | | | QTY | | DESCRIPTION | | TALLY | |
| RIG MANAGER PICKUP | | • | | | | | | |
| SUBSISTENCE | MEN | | | | · · · · · · · · · · · · · · · · · · · | | | |
| <u>PHONES</u> | | | | | | | | |
| PIPE DOPE | GALLON | | | | · · · · · · · · · · · · · · · · · · · | | | |
| SWAB CUPS SIZE | QTY | | | | | | | |
| OILSAVER RUBBERS | QTY | | | | | | | |
| TBG WIPER SIZE | QTY | | | | | | | |
| ROD WIPER | QTY | | | | | | | |
| SANDPUMP | | | | | | | | |
| POWER SWIVEL | | | | | | | | |
| PUMP | HRS @ | | | | | | | |
| TANK | | | | | | | | |
| BOP | | | | | | | | |
| WATER TRUCK | HRS @ | | | | | | | |
| WATER TRUCK FUEL | | | | | | | | |
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| EQUIPMENT RENTAL . | | | 1 | <u> </u> | | | | |
| ESTIMATED TOTAL DA | | | | | | | | |
| <u> </u> | | • · · · · · · · · · · · · · · · · · | | | | | | |

THIS IS NOT AN INVOICE