

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

KANSAS CORPORATION COMMISSION 1355658
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

Form	CP4 - Well Plugging Record
Operator	Abercrombie Energy, LLC
Well Name	SLADE 3
Doc ID	1355658

Producing Formations

Formation	Top	Bottom	Total Depth
L-KC "A"	3590	3598	
L-KC "B"	3626	3634	
Viola	4040	4075	
Arbuckle	4270	4395	4395



REMIT TO

QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

COPY

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

Invoice

Invoice#

810238

Invoice Date: 05/10/17

Terms: Net 30

Page 1

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



SLADE #3



Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0451	Cement Pump Charge 1501' - 3000'	1.000	1,900.0000	45.000	1,045.00
CE0002	Equipment Mileage Charge - Heavy Equipment	50.000	7.1500	45.000	196.63
CE0710	Cement Delivery Charge	550.000	1.7500	45.000	529.38
CC5829	Lite-Weight Blend V (60:40:4)	255.000	16.0000	45.000	2,244.00
CC5325	Calcium Chloride	350.000	1.2500	45.000	240.63
CC6080	Cottonseed Hulls	120.000	0.5000	45.000	33.00
Subtotal					7,797.50
Discounted Amount					3,508.88
SubTotal After Discount					4,288.62
Amount Due 8,140.81 If paid after 06/09/17					

Tax: 188.83

Total: 4,477.47

VENDOR NUMBER _____
 VOUCHER NUMBER _____
 COPY OF RECEIPT _____ *AK*
 SLIDE NUMBER _____ AMOUNT _____
1334050 _____
SLADE _____
CEMENT TO PLUG #3 _____
 APPROVAL *AK* _____
 VERIFIED ACCURACY _____

SCT 5-15-17



PRESSURE PUMPING

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

827 / 1021

TICKET NUMBER 52111
LOCATION El Dorado
FOREMAN Fuzz

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 810238 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-8-17	1112	Slade #3	35	25	125	Stafford
CUSTOMER <u>Abekombi.e. Inc</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>5510 Oil Center Road South</u>			<u>760</u>	<u>Chris</u>		
CITY STATE ZIP CODE <u>Great Bend KS 67530</u>			<u>713</u>	<u>Jud</u>		
			<u>725</u>	<u>Fuzz</u>		

JOB TYPE RWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 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 Per ft 3590 - 700'

REMARKS: Safety meeting on Klima well service. Rig up and establish circulation
15 x 20 sks 60/40 pos 490 gal 390cc w/ 150# cottonseed @ 3555'
was on cement 1 1/2 hrs Tag cement @ 3336' Perft casing @ 682'
Circulation 5 1/2 + 8 1/8 to surface and fill 5 1/2 with 185 sks 60/40 490cc
290cc w/ cottonseed hulls. Pull all this and top off 5 1/2 w 20 sks
cement

Total for Job 255 sks Thanks Fuzz & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>CE0451</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1900.00</u>	<u>1900.00</u>
<u>CE0002</u>	<u>50</u>	<u>MILEAGE</u>	<u>7.15</u>	<u>357.50</u>
<u>CE0710</u>	<u>11.0 550</u>	<u>Ton mileage Delivery</u>	<u>17.5</u>	<u>962.50</u>
<u>CC5829</u>	<u>255 sks</u>	<u>60/40 pos</u>	<u>16.00</u>	<u>4080.00</u>
<u>CC5325</u>	<u>350#</u>	<u>calcium chloride</u>	<u>1.25</u>	<u>437.50</u>
<u>CC6080</u>	<u>120#</u>	<u>cottonseed hulls</u>	<u>.50</u>	<u>60.00</u>
		<u>subtotal</u>		<u>7999.50</u>
		<u>discount</u>	<u>4590</u>	<u>3508.00</u>
		<u>subtotal</u>		<u>4288.00</u>
		SALES TAX		<u>189.80</u>
		ESTIMATED TOTAL		<u>4477.40</u>

Ravin 3737

AUTHORIZATION [Signature] TITLE Tim Sullivan 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.



ELI
 WIRELINE SERVICES
 PO BOX 549
 HAYS, KS 67601



copy

Invoice

Date	Invoice #
5/8/2017	1729

Bill To
ABERCROMBINE ENERGY 5510 OIL CENTER ROAD SOUTH GREAT BEND, KS 67530

Job Info
Slade 3 Stafford County, KS Sec 35-25S-12W Field Ticket #1266

P.O. No.	Terms
	Net 30

Quantity	Description	Amount
1	Service Charge	500.00
1	Min Charge 3-1/8 HSC 10 Jets - per job	1,250.00
	Total Charges for Service	1,750.00
	Cased Hole - Discount	-437.50
	<i>Perf 700' 4.5PF</i>	
	VENDOR NUMBER _____	
	WIRELINE NUMBER _____	
	WIRELINE RECEIPT _____ <i>AK</i>	
	WIRELINE NUMBER _____	AMOUNT
	<i>1354030</i> _____	
	<i>SLADE</i> _____	
	<i>PERF TO PLUG - 3</i> _____	
	APPROVAL <i>[Signature]</i> _____ <i>[Signature]</i>	
	VERIFIED ACCURACY _____	
Total		\$1,312.50

SCT 5-15-17