

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

KANSAS CORPORATION COMMISSION 1364231
 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



REMIT TO
 QES Pressure Pumping 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#

810733

Invoice Date: 07/17/17

Terms: Net 30

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

RECEIVED
 JUL 25 2017
 WICHITA

FULLMER 2-H



Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0470	Cement Pump Charge 0' - 300' (Coalbed/Methane	1.000	950.0000	30.000	665.00
CE0002	Equipment Mileage Charge - Heavy Equipment	35.000	7.1500	30.000	175.18
CE0710	Cement Delivery Charge	1.000	1,225.0000	30.000	857.50
CC5829	Lite-Weight Blend V (60:40:4)	465.000	16.0000	30.000	5,208.00
CC6080	Cottonseed Hulls	400.000	0.5000	30.000	140.00
Subtotal					10,065.25
Discounted Amount					3,019.58
SubTotal After Discount					7,045.67

Amount Due 10,714.65 If paid after 08/16/17

Tax: 454.58

Total: 7,500.26

VENDOR NUMBER _____
 VOUCHER NUMBER _____
 COPY OF RECEIPT A/c
 CODE NUMBER _____ AMOUNT _____
1334050
MILLSUN
CEMENT TO P&A FULLMER 2-H
 APPROVAL [Signature]
 VERIFIED ACCURACY _____

SC# 2-21-17



PRESSURE PUMPING

P.O. BOX 604, CHICAGO, IL 60620
620-431-9210 or 800-467-8676

0007
8451

TICKET NUMBER 53560

LOCATION Oakley KS

FOREMAN Jerry

LD TICKET & TREATMENT REPORT

CEMENT

Invoice # 810733

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-12-17	112	Fuller 2-H	13	15s	29w	Gove
CUSTOMER		GORE SALT TO RIVER E.ITE				
Abercrombie						
MAILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER	
5510 Oil Center Road South		731	Cory D			
		460	Scott			
		479	Walt D			
CITY	STATE	ZIP CODE				
Galt Bend	KS	67530				

JOB TYPE <u>CHP</u>	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT <u>4 1/2</u>
CASING DEPTH	DRILL PIPE	TUBING <u>2 3/8</u>	OTHER <u>prt @ 3897</u>
SLURRY WEIGHT <u>13.8</u>	SLURRY VOL <u>1.42</u>	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety meeting & rig up on HD well service plug & ordered w. 4x465 sks
liteblend

75 sks @ 3886 with 200# hulls
100 sks @ 2893 with 100# hulls
175 sks @ 2000' with 100# hulls circulating cement to surface
100 sks on annulus @ press to 80#
25 sks top off

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0470	1	PUMP CHARGE	950.00	950.00
CE0002	35	MILEAGE	7.15	250.25
CE0710	20.0	for mileage delivery	1.75	1225.00
CC5829	465 sks	lite blend U	16.00	7440.00
CC6080	400 #	cotton seed hulls	.50	200.00
			subtotal	10065.25
			-308	3019.58
			subtotal	7045.67
			SALES TAX	454.58
			ESTIMATED TOTAL	7500.26

Revin 3737

AUTHORIZATION

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.