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

1364252

_____ Employee of Operator or Uperator on above-described well,

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	j				
Name:				Spot Desc	ription:				
Address 1:									
Address 2:				Feet from North / South Line of Se					
City:	State:	Zip: +							
Contact Person:									
Phone: ()					NE NW	SE SW			
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 Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.			County: Lease Name: Well #: No Date Well Completed: (KCC District Agent's Name						
Depth to	•	m: T.D m: T.D		Plugging C	Completed:				
Show depth and thickness of a	all water, oil and gas forma	itions.							
Oil, Gas or Water	Records		Casing	Record (Surfa	ace, Conductor & Produ	uction)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us						nds used in introducing it into the hole.			
Plugging Contractor License #	:		Name:						
Address 1:			Address	3 2:					
City:				_ State:		Zip:+			
Phone: ()				_					
Name of Party Responsible for	r Plugging Fees:								

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.

(Print Name)

______, , SS.



REMIT TO

MAIN OFFICE

6,219.58

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

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

Invoice

Invoice#

810854

Invoice Date: 07/31/17

Terms:

Net 30

Page

ABERCROMBIE ENERGY

5510 OIL CENTER ROAD SOUTH **GREAT BEND KS 67530**

USA

6207938186

RECEIVED AUG - 2 2017

GREAT BEND

MOORE B #2

1100	× 10	
Lillan.	.67	2417

Total:

Part No	Description	Quantity	Unit Price Di	scount(%)	Total
CE0470	Cement Pump Charge 0' - 300' (Coalbed/Methane	1.000	950.0000	30.000	665.00
CE0002	Equipment Mileage Charge - Heavy Equipment	10.000	7.1500	30.000	50.05
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	30.000	462.00
CC5829	Lite-Weight Blend V (60:40:4)	395.000	16.0000	30.000	4,424.00
CC6080	Cottonseed Hulls	700.000	0.5000	30.000	245.00
	41		S	ubtotal	8,351.50
			Discounted A	Amount	2,505.45
			SubTotal After Di	iscount	5,846.05
==========			Amount Due	e 8,885.10 If paid	l after 08/30/17
				Tax:	373.53

WELLAET WILLIER USE OF ARREST 1354050 HUBERUN CEMENT PLUG MOOREBEZ APPRO AL VERIFIED ACOUSACY



8581

LOCATION Settle 15

pore	C17/1- P1-11-				FOREMAN	derry	
	SURE PUMPING	ELD TICKE	ET & TREAT	MENT REP	ORI	Walt Bin	Kel
520-431-9210 d	or 800-467-8676	;	CEMEN.	invoic	群81085	†	KS
DATE	CUSTOMER#	WELL NAME & NUI	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-26-17	1112	Moore "B"	4 2	33	115	336	Louge
CUSTOMER	24-	600	Oaklayes	TRUCK#	DRIVER	TOUCK #	DRIVER
MAILING ADDRE	bor Cram	14.11	+1350	77/	JA/4/	TRUCK#	DRIVER
55 10 0il	Center Pro	DQ SOWHU	45	530 TIE	Seft O		
Great Du	. 1	STATE ZIP CODE	Winto	639	SCFY		
ONE STRUM	ч	KS 67530		03.1			
JOB TYPE(OHP	HOLE SIZE	HOLE DEPTH		CASING SIZE & W	EIGHT 4	12
CASING DEPTH		DRILL PIPE	TUBING	73/8		OTHER	
SLURRY WEIGH	T 13.8	SLURRY VOL 472	WATER gal/sk		CEMENT LEFT in	CASING	
DISPLACEMENT	A.	DISPLACEMENT PSI	MIX PSI		RATE		
REMARKS:		my & rig 400	on Exac	+ Well Ser	vice play	as ord	~d 6.46
3955KS	60/40 9	12094			1.1		
100	SKSC 4		10 thulls				
/00			to halls		,		
120			04-halls	circul	extry con	w to 59	- Luc
	SKS top C	14					
60	sks on	ganales			74	ak you	
					- la	and teres	

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0470V	/	PUMP CHARGE	950.00	95000
CECOOZ	10	MILEAGE	7.45	71.50
CE 07111		too milage Colonery min	660.00	
105829	395 5Ks	Istablen & T	1600	43200
C6080'	706#	Cotton Sech hulls	.50	35000
			Subhat!	8351,58
			-30% Lx.	2505.4
	11-7-11-W-11-11-11-11-11-11-11-11-11-11-11-1		Side to fol	5846.0
			SALES TAX	373.53
vin 3737	>11	71/100	ESTIMATED TOTAL	6219.58

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



RECEIVED

AUG - 2 2017

GREAT BEND

Post Well File Invoice

Date	Invoice #
7/27/2017	1980

Terms

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

Job Info	
Moore B #2	
Logan County, KS	
Sec 33-11S-33W	
Field Ticket #1371	
	()

P.O. No.

Net 30 Quantity Description Amount Service Charge 500.00 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 VENDOR NUMBER VOLICHER NUMBER HIL VERSE OF RELEIPT AMOUNT JUDE VUIETE 1354050 HUBERUN PERF TO PLUG MOORE APPROVAL VERIFIED ACCURACY Please remit to above address. **Total** \$1,312.50



Please Remit To: P.O. Box 549 Hays, KS 67601

Phone: (785) 628-6395 Fax: (785) 628-3651

FIELD TICKET No.

- 1371

	γ γ γ	
DATE _	1-26-11	_
LINIT #	1621	

		r						
INVOICE NO.			P.O. NO.			1 27 0	AFE NO.	
CUSTOMER Aber	crombie		LEASE /	2001	<u>`e</u>	D 72	WELL NO.	
ADDRESS			FIELD		STA	ATE /CS	COUNTY LOG	911
			LOCATION _	13-1	15 - 3	33 w		
CITY			CASING SIZE	& WT C	12		TBG. SIZE	
STATE	ZIP		TYPE OF JOE					
ORDERED BY			TITLE				SERVICE SUPV.	
PART NO.	DESCRI	IPTION		REV. CODE	QTY.	UNIT PRICE	AMOUNT	<u> </u>
	Securice	ch	919 e				500	
	min Shi	075			8			₩.
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21152 215								
CALLED OUT	ON LOCATION		COMPLETED		L SERVICE	& MATERIALS	_1750	∞
Time	Time	:==	Tim	-		DISCOUNT	437	SC
Date	Date		Dat	e		TAX		
'ACCIDENT REPORT MUST BE ATTAI	HED WHEN NOT SIGNED				TOT	AL CHARGES	1312	50
WITH MY INITIALS, I CONFIRM "HOURS" COLUMN, ACCURATE	THAT THE TIME SHOWN IN THE LY REFLECTS MY COMPENSABLE T	IME.	l l					
Employee Name (Print)	Hou	ırs İniti	ials					
mike The	mason 5)						
Javier 6	mason 5							

CUSTOMER AGREES to pay (the "Company") on a net 45 day basis from date of invoice to avoid loss of discount. Invoices older than 45 days are subject to loss of discount on ticket. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt, 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 partication and correction at time of invoicing.

<u>X</u>

CUSTOMER REPRESENTATIVE