

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

KANSAS CORPORATION COMMISSION 1370021
 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

Post
Well File

Invoice



ELI
WIRELINE SERVICES
PO BOX 549
HAYS, KS 67601

RECEIVED
OCT - 6 2017
WICHITA

RECEIVED
OCT - 3 2017
GREAT BEND

Date	Invoice #
9/18/2017	2111

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

Job Info
Malanco #3 Gove County, KS Sec 11-15S-29W Field Ticket #1978

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
<p>VENDOR NUMBER _____</p> <p>VOUCHER NUMBER _____</p> <p>TYPE OF RECEIPT <u>AK</u></p> <p>CODE NUMBER <u>1354050</u> AMOUNT _____</p> <p><u>MILLSUN</u></p> <p><u>PERF TO PLUG MALANCO #3</u></p> <p>APPROVAL <u>↑↑</u> _____</p> <p>VERIFIED ACCURACY _____</p>		

Please remit to above address.	Total	\$1,312.50
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Oct 10-3-17



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

FIELD TICKET No. - 1978

DATE 11-18-17
 UNIT # 1621

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER <u>Abercrombie</u>		LEASE <u>Malanco #3</u>	WELL NO.
ADDRESS		FIELD	STATE <u>KS</u> COUNTY <u>Gove</u>
		LOCATION <u>11-155-29W</u>	
CITY		CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>PERK</u>	

ORDERED BY		TITLE			SERVICE SUPV.
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	Service charge				500 -
	min SHOTS		2		
	378 HSC 2 SHOTS @ 1950				1250 -
CALLED OUT ____ Time ____ Date		ON LOCATION ____ Time ____ Date	COMPLETED ____ Time ____ Date	TOTAL SERVICE & MATERIALS	1750 -
				DISCOUNT	437.50
				TAX	
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED				TOTAL CHARGES	1312.50

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

Employee Name (Print)	Hours	Initials
<u>Mike Thomason</u>	<u>4</u>	
<u>Javier Guzman</u>		

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 verification and correction at time of invoicing.

[Signature]

x [Signature]
 CUSTOMER REPRESENTATIVE



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

Post
Wall/File
 MAIN OFFICE
 P.O.Box884
 Chanute, KS 66720
 620/431-9210, 1-800/467-8676
 Fax 620/431-0012

Invoice

Invoice#

811320

Invoice Date: 09/26/17

Terms: Net 30

Page 1

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



MALANCO 3



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	921.8100	30.000	645.27
CC5829	Lite-Weight Blend V (60:40:4)	350.000	16.0000	30.000	3,920.00
CC6080	Cottonseed Hulls	250.000	0.5000	30.000	87.50
				Subtotal	7,847.06
				Discounted Amount	2,354.12
				SubTotal After Discount	5,492.94

Amount Due 8,333.69 If paid after 10/26/17

Tax: 340.64

Total: 5,833.59

VENDOR NUMBER _____
 VOUCHER NUMBER _____
 VERIF OF RECEIPT _____ *AK*
 CODE NUMBER _____ AMOUNT _____
 _____ *13540.50* _____
 _____ *MILLSON* _____
 _____ *CEMENT PLUG MALANCO #3* _____
 APPROVAL *AK* _____
 VERIFIED ACCURACY _____

5CT 9-29-17 / 10-3-17



9097
8989

TICKET NUMBER 53611
LOCATION Oakley, KS
FOREMAN Jerry ✓

1000 W. 1st, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

Invoice #811320 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-18-17	1112	Malanco #3	11	15S	29W	Gove
CUSTOMER Abercrombie			Gove 12s Winto			
MAILING ADDRESS 5510 Oil Center Road South			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Great Bend			731	Cory D ✓		
STATE KS			772 T127	Seth O ✓		
ZIP CODE 67530			assist	Jimmy B ✓		

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH 4014 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8" OTHER perfo 3 1/4
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting + rig up on HD well service plug as ordered with
350 sks 60/40 4 1/2
75 sks @ 3807 + 250 # hulls
7.5 sks @ 2901
150 sks @ 1995
30 sks top off
20 sks on annulus + press to 200 #

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	7.12	250.25
CB0710 ✓	15.05	ton mileage delivery	1.75	921.81
CC5829 ✓	350	lite blend V	16.00	5600.00
CC6080 ✓	250 #	hulls	.50	125.00
			Subtotal	7847.06
			-30%	2354.12
			Subtotal	5492.94
			SALES TAX	340.16
			ESTIMATED TOTAL	5833.59

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.