

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

KANSAS CORPORATION COMMISSION 1370035  
OIL & GAS CONSERVATION DIVISION

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 #: \_\_\_\_\_  
 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



PRESSURE PUMPING LLC

REMIT TO

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

Past  
will File

MAIN OFFICE

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

Invoice

Invoice#

811318

Invoice Date: 09/26/17

Terms: Net 30

Page 1

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



MILLER B 6-14



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	0.0000	0.000	0.00
CE0710	Cement Delivery Charge	1.000	895.4800	30.000	626.84
CC5829	Lite-Weight Blend V (60:40:4)	340.000	16.0000	30.000	3,808.00
CC6080	Cottonseed Hulls	250.000	0.5000	30.000	87.50

Subtotal 7,410.48

Discounted Amount 2,223.14

SubTotal After Discount 5,187.34

Amount Due 7,883.51 If paid after 10/26/17

Tax: 331.12

Total: 5,518.46

VENDOR NUMBER \_\_\_\_\_  
 VOUCHER NUMBER \_\_\_\_\_  
 VER. OF RECEIPT \_\_\_\_\_ *R/c* \_\_\_\_\_  
 CODE NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_  
*1334350* \_\_\_\_\_  
*MILLSUN* \_\_\_\_\_  
*CEMENT PLUG - MILLER B-6* \_\_\_\_\_  
 APPROVAL *TJ* \_\_\_\_\_  
 VERIFIED ACCURACY \_\_\_\_\_



9095  
8987

TICKET NUMBER 49563  
LOCATION Oakley, KS  
FOREMAN Jerry Y

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

FIELD TICKET & TREATMENT REPORT  
CEMENT

Invoice # 811318 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-15-17	1112	Miller B 6-14	14	15s	29w	Gove
CUSTOMER <u>Abercrombie</u>			Gove			
MAILING ADDRESS <u>5510 Oil Center Road South</u>			125 Winte			
CITY <u>Great Bend</u>	STATE <u>KS</u>	ZIP CODE <u>67530</u>	TRUCK # <u>731</u>	DRIVER <u>Cory D</u>	TRUCK # <u>772-7127</u>	DRIVER <u>Seth C</u>
			<u>639</u>			

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

REMARKS: Safety meeting early ap on HD well service plug as ordered with  
340 sks 60/40 42 gal  
75 sks @ 3803 with 250# hulls  
75 sks @ 2899  
125 sks @ 1982 circulating cement to surface  
45 sks top off  
20 sks on nodules & press to 200#

Thank you  
Jerry Y

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	
CE0710	14.62	ton mileage delivery	1.75	895.48
CC5829	340 sks	lite blend V	16.00	5440.00
CC6030	250 #	cotton seed hulls	.50	125.00
			Subtotal	7410.48
			-30%	2223.14
			Subtotal	5187.34
			SALES TAX	331.12
			ESTIMATED TOTAL	5518.46

AUTHORIZATION [Signature] TITLE Tim J. Law 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.

Post  
Well File

# Invoice



**ELI**  
WIRELINE SERVICES  
PO BOX 549  
HAYS, KS 67601



RECEIVED  
OCT - 6 2017

Date	Invoice #
9/15/2017	2099

**WICHITA**

Bill To

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

Job Info

Miller B #6-14  
Gove County, KS  
Sec 14-15s-29W  
Field Ticket #1691

P.O. No.	Terms
	Net 30

Quantity	Description	Amount
1	Service Charge	500.00
1	Squeeze Gun	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 _____ <i>A/L</i> _____</p> <p>CODE NUMBER      AMOUNT</p> <p><i>1354050</i> _____</p> <p><i>MILLSON</i> _____</p> <p><i>PERF TO PLUG MILLER B6</i> _____</p> <p>APPROVAL <i>[Signature]</i> _____</p> <p>VERIFIED ACCURACY _____</p>		

Please remit to above address.	<b>Total</b>	<b>\$1,312.50</b>
--------------------------------	--------------	-------------------



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

FIELD TICKET No.

- 1691

DATE 9/16/17  
 UNIT # \_\_\_\_\_

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Abercrombie</u>	LEASE <u>Miller B #6-14</u>	WELL NO.
ADDRESS	FIELD STATE <u>KS</u>	COUNTY <u>Gove</u>
CITY	LOCATION <u>14/155/29w</u>	TBG. SIZE
STATE ZIP	CASING SIZE & WT.	TYPE OF JOB <u>Squeeze</u>

ORDERED BY	TITLE	SERVICE SUPV.			
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>70-210-1000</u>	<u>service chrg CH</u>		<u>1</u>		<u>500</u>
<u>70-299-0050</u>	<u>Squeeze Gun 1x2</u>		<u>3 chrg</u>		<u>1250</u>
<u>1-A140-T</u>					
<u>3-Chrgs</u>					
<u>4 ft PETN</u>					

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS <u>1750</u>	DISCOUNT <u>437 50</u>
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED			TAX _____	TOTAL CHARGES <u>1312 50</u>

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

Employee Name (Print)	Hours	Initials
<u>Plarenski</u>		
<u>weeder</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.

x Jim Plarenski

x Z. J. [Signature]  
 CUSTOMER REPRESENTATIVE

White - Main    Canary - Customer    Pink - Field