

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

KANSAS CORPORATION COMMISSION 1370094
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



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

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

Invoice

Invoice# 811275

Invoice Date: 09/18/17

Terms: Net 30

Page 1

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

RECEIVED
 SEP 22 2017
 GREAT BEND

RECEIVED
 SEP 25 2017
 WICHITA
 MILLER B 5-14

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	7.1500	30.000	175.18
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					7,660.73
Discounted Amount					2,298.22
SubTotal After Discount					5,362.51
Amount Due 8,133.76 If paid after 10/18/17					

Tax: 331.12
 Total: 5,693.64

VENDOR NUMBER _____
 VOUCHER NUMBER _____
 DATE OF RECEIPT _____
 CODE NUMBER _____
 1354050 _____
 MILLSUN _____
 CEMENT PLUG WELL MILLER B#5
 APPROVAL *TY* _____
 VERIFIED ACCURACY _____



PRESSURE PUMPING

620-431-9210 or 800-467-8676

9055
8946

TICKET NUMBER 49562
LOCATION Oakley Ks
FOREMAN Jerry Y

FIELD TICKET & TREATMENT REPORT

CEMENT

Invoice #81125 Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-14-77	1112	Miller B 5-14	14	155	29W	Gove
CUSTOMER Abercrombie			Gove 125 winto			
MAILING ADDRESS 5510 Oil Center Road South			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Gastland			731	Cory D		
STATE KS			172-T-RT	Seth O		
ZIP CODE 67530						

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ 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 & rig up on HD well service plugs ordered with 340
sk 60/40 48
75 sks @ 3803 + 250 #/ls
75 sks @ 2899
150 sks @ 1992 circulating cement to surface
20 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
CE0710	1	PUMP CHARGE	950.00	950.00
CE0002	35	MILEAGE	7.15	250.25
CE0710	14.62	for mileage delivery	1.75	895.48
CC5829	340 sks	litchfield V	16.00	5440.00
CC6080	250 #	catbased balls	.50	125.00
			Subtotal	7660.73
			-30%	2298.22
			Subtotal	5362.51
			SALES TAX	331.12
			ESTIMATED TOTAL	5693.64

Ravin 3737

AUTHORIZATION

TITLE

Tim Julian

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
will file

Invoice



ELI
WIRELINE SERVICES
PO BOX 549
HAYS, KS 67601

RECEIVED
OCT - 6 2017

RECEIVED
OCT - 3 2017
GREAT BEND

Date	Invoice #
9/14/2017	2098

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

Job Info
Miller "B" #5-14 Gove County, KS Sec 14-15S-29W Field Ticket #1939

P.O. No.	Terms
	Net 30

Quantity	Description	Amount
1	Service Charge	500.00
1	3 1/8 HSC Squeeze Gun	1,250.00
	Total Charges for Service	1,750.00
	Cased Hole - Discount	-437.50
VENDOR NUMBER _____ VOUCHER NUMBER _____ VER# OF RECEIPT _____ <i>AK</i> CODE NUMBER AMOUNT <i>1354050</i> _____ <i>MILLSON</i> _____ <i>PERF TO PLUG MILLER BS</i> _____ APPROVAL <i>[Signature]</i> _____ VERIFIED ACCURACY _____		

Please remit to above address.	Total	\$1,312.50
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ELI
WIRELINE SERVICES

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

FIELD TICKET No. - 1939

DATE 9-14-17
UNIT # _____

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Abercrombie Energy, LLC</u>	LEASE <u>Miller "B" H5-14</u>	WELL NO.
ADDRESS	FIELD <u>Millsack</u> STATE <u>KS</u>	COUNTY <u>Gove</u>
CITY	LOCATION <u>Sec 14 - Twp 15s - Rge 29w</u>	
STATE	CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
ZIP	TYPE OF JOB <u>Perf</u>	

ORDERED BY	TITLE	SERVICE SUPV.			
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>40-70-210-1000</u>	<u>Setup</u>				<u>500</u>
<u>40-75-805-1005</u>	<u>3 1/2 HSC Squeeze Gun</u>		<u>2</u>		<u>1250</u>
	<u>Perf 1940</u>				

CALLER OUT	ON LOCATION	COMPLETED	TOTAL SERVICE & MATERIALS	<u>1750</u>
Time _____	Time _____	Time _____	DISCOUNT	<u>437.50</u>
Date _____	Date _____	Date _____	TAX	
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED			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>Jeremy Job</u>	<u>⊕</u>	
<u>Paul Bruggardt</u>	<u>3.25</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 [Signature]

x [Signature]
CUSTOMER REPRESENTATIVE

White - Main Canary - Customer Pink - Field