

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

KANSAS CORPORATION COMMISSION 1373306
 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

Form	CP4 - Well Plugging Record
Operator	Abercrombie Energy, LLC
Well Name	THYFAULT 1
Doc ID	1373306

Producing Formations

Formation	Top	Bottom	Total Depth
L-KC "A"	3209	3212	
L-KC "E"	3282	3284	
L-KC "H"	3340	3344	
L-KC "J"	3379	3383	



QUALITY OILWELL CEMENTING, INC.
 PO Box 32 - 740 WEST WICHITA AVE, RUSSELL KS 67665
 PHONE:785-324-1041 FAX:785-483-1087
 EMAIL: cementing@ruraltel.net

Date: 10/27/2017
 Invoice # 331

P.O.#:

Due Date: 11/26/2017

Division: Russell

Invoice

RECEIVED
 NOV - 1 2017
 WICHITA

Contact:

Address/Job Location:

Abercrombie Energy

Reference:

THYFAULT 1 SEC 13-8-20

Description of Work:

PLUG JOB

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 601.97	Yes				
Common-Class A	160	\$ 2,223.81	Yes				
POZ Mix-Standard	105	\$ 495.90	Yes				
Cottonseed Hulls	10	\$ 337.35	Yes				
Bulk Truck Matl-Material Service Charge	325	\$ 219.28	Yes				
Premium Gel (Bentonite)	10	\$ 195.66	Yes				
Pump Truck Mileage-Job to Nearest Camp	46	\$ 139.66	Yes				
Bulk Truck Mileage-Job to Nearest Bulk Plant	46	\$ 108.63	Yes				

Invoice Terms:

Net 30

SubTotal: \$ 4,322.26

Discount Available ONLY if Invoice is Paid & Received within listed terms of invoice: \$ (108.06)

SubTotal for Taxable Items: \$ 4,214.20

SubTotal for Non-Taxable Items: \$ -

Total: \$ 4,214.20

Tax: \$ 294.99

7.00% Rooks County Sales Tax

Amount Due: \$ 4,509.19

Applied Payments:

Balance Due: \$ 4,509.19

Thank You For Your Business!

Past Due Invoices are subject to a service charge (annual rate of 24%)

This does not include any applicable taxes unless it is listed.

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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Home Office P.O. Box 32 Russell, KS 67665

No. 331

Phone 785-483-2025
Cell 785-324-1041

Date	10-27-17	Sec.	13	Twp.	8	Range	20	County	Rooks	State	KS	On Location		Finish	11:45 AM
Location								Zurch 81 PRD 3w 7RD 1 1/2 Winto							
Lease	Thy fault			Well No.											
Contractor	Express			Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.											
Type Job	P.T.A			Charge To Abercrombie Energy LLC											
Hole Size	7 7/8			T.D.	Street										
Csg.	4 1/2			Depth	City										
Tbg. Size	7"			Depth	State										
Tool				Depth	The above was done to satisfaction and supervision of owner agent or contractor.										
Cement Left in Csg.				Shoe Joint	Cement Amount Ordered 325 60/10 4 1/2 cpl 500# Huls										
Meas Line				Displace											
EQUIPMENT															
Pumptrk	5	No.		Cementer	Craig										
				Helper	Brett										
Bulktrk		No.		Driver	Doug										
Bulktrk	21	No.		Driver											
JOB SERVICES & REMARKS															
Remarks:	KCC Pat Bedore														
Rat Hole															
Mouse Hole															
Centralizers															
Baskets															
D/V or Port Collar															
	1st 3200 110SK 30# Huls														
	2nd 1810 170 SK 20# Huls														
	Cement Circulated														
	4 1/2 - Top part 25SK														
	Annulus - 10SK & 25SK														
	USED 265SK & 500# Huls														
FLOAT EQUIPMENT															
	Guide Shoe														
	Centralizer														
	Baskets														
	AFU Inserts														
	Float Shoe														
	Latch Down														
	Pumptrk Charge plug														
	Mileage 46														
	Tax														
	Discount														
	Total Charge														
X Signature	Z. J. [Signature]														

Copy

Invoice



ELI
WIRELINE SERVICES
PO BOX 549
HAYS, KS 67601

RECEIVED
NOV - 2 2017
GREAT BEND

RECEIVED
NOV - 8 2017

Date	Invoice #
10/26/2017	2213

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

Job Info
Thyfault #1 Rooks County, KS Sec 13-8S-20W Field Ticket #1769

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
VENDOR NUMBER _____ VOUCHER NUMBER _____ CHECK NUMBER _____ <i>A/C</i> SERVICE NO. _____ AMOUNT _____ <i>1354050</i> _____ <i>THYFA</i> _____ <i>PERF TO P&A WELL</i> _____ APPROVAL <i>TY</i> _____ VERIFIED ACCURACY _____		

Please remit to above address.	Total	\$1,312.50
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SCT 11-3-17



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

FIELD TICKET No.

- 1769

DATE 10/26/17

UNIT # _____

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Abercrombie</u>	LEASE <u>Thyfault</u>	WELL NO. <u>1</u>
ADDRESS	FIELD	STATE <u>KS</u> COUNTY <u>Rooks</u>
CITY	LOCATION <u>13-85-20W</u>	TBG. SIZE
STATE	CASING SIZE & WT.	TYPE OF JOB
ZIP		

ORDERED BY		TITLE			SERVICE SUPV.	
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT	
<u>70-210-1000</u>	<u>Service Charge</u>				<u>500</u>	<u>-</u>
<u>75-805-0100</u>	<u>3 1/8" HSC's</u>					
	<u>1 shot @ 1800'</u>				<u>1250</u>	<u>-</u>
	<u>1 shot @ 1495'</u>					
	<u>1 shot @ 810'</u>					

CALLED OUT _____ Time _____ Date	ON LOCATION <u>12:30</u> Time <u>10/26</u> Date	COMPLETED <u>1:45</u> Time <u>10/26</u> Date	TOTAL SERVICE & MATERIALS <u>1750</u> - DISCOUNT <u>437</u> 50 TAX _____	TOTAL CHARGES <u>1312</u> 50
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*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

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

Employee Name (Print)	Hours	Initials
<u>Gottschalk</u>	<u>3.5</u>	
<u>Dinkel</u>	<u>3.5</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 _____

X Zijl
 CUSTOMER REPRESENTATIVE

White - Main Canary - Customer Pink - Field