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

1373318

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 |
|--|--|
| Name: | Spot Description: |
| Address 1: | Sec Twp S. R East West |
| Address 2: | Feet from North / South Line of Section |
| City: State: Zip: + | Feet from East / West Line of Section |
| Contact Person: | Footages Calculated from Nearest Outside Section Corner: |
| Phone: () | NE NW SE SW |
| Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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. | County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: |
| Depth to Top: Bottom:T.D | |

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 | | | | |
| | | | | | | |
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| | | | | | | |

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 Plu | ugging Fees: | | | |
| State of | County, | , SS. | | |
| | (Print Name) | Employee of O | perator or Operator on a | bove-described well, |
| | | | | |

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.

| | | REN | ΛΙΤ ΤΟ | | | MAIN OFFICE |
|---|------------------------------------|---|--|------------------|------------------------------|--|
| | | De P.O.B | e Pumping LLC ot:970 ox 4346 K 77210-4346 | | 620/431-9210,1 | P.O.Box884 anute,KS 66720 1-800/467-8676 x 620/431-0012 |
| Invoice | | | | Invoice# | 811568 | 3 |
| Invoice Date: 10 | /26/17 | | Terms: Net 30 | | Page | 1 |
| ABERCROMBIE EN 5510 OIL CENTER GREAT BEND KS USA 6207938186 | R ROAD SOUTH | REC NOV VVIC | EIVED Miller - 2 2017 HITA | b 2-14 | 00 g 1 00 g 1 0354: 00 | 14-30 161 101 |
| Part No | Description | | Quantity | Unit Price Di | scount(%) | Total |
| CE0470 | Cement Pump Ch (Coalbed/Methane | _ | 1.000 | 950.0000 | 30.000 | 665.00 |
| CE0002 | Equipment Mileag | | 35.000 | 7,1500 | 30.000 | 175.18 |
| CE0711 | Equipment Minimum Cement | Delivery Charge | 1.000 | 660.0000 | 30.000 | 462.00 |
| CC5829 | Lite-Weight Blend | | 120.000 | 16.0000 | 30.000 | 1,344.00 |
| | | | | S | ubtotal | 3,780.25 |
| | | | | Discounted A | Amount | 1,134.08 |
| | | | | SubTotal After D | iscount | 2,646.17 |
| | | | | Amount Due | e 3,943.45 lf pai | d after 11/25/17 |
| | | | | | Tax: | 114.24 |
| | | | | | Total: | 2,760.42 |
| | | | | | | |
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| | | n e se s | | | | |
| | | | A.E. | | | |
| | | | | | | |
| | | 334050 | | | | |
| | | MILLSUN | | | | |

CEMENT PLUG MILLER B 2-14 SWD

SCT 10-31-17

| Q! Î | E D | | 99190 | TICKET NUME LOCATION FOREMAN | Ockley | Kr |
|--|--|--|-----------------|------------------------------------|---|---|
| PO Box 884, Ch | UMPING LLC Fi anute, KS 66720 Fi or 800-467-8676 | ELD TICKET & TREA CEMEN | | | ie #8115 | BKS |
| DATE C | USTOMER # WI | ELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
| 10-23-17 | 1112 M. | fler B2-14 | 14: | 155 | 290 | Gove |
| USTOMER | hormintin | Gove Sauff | TRUCK # | DRIVER | TRUCK # | DRIVER |
| MAILING ADDRESS | ales Pard Sau | Her tokiver | 731 | · CoryD | | DITIVEIT |
| 5510 0110 | angal read on | winter. | 772-7427 | Seth O | | |
| Thesta | STATE | ZIP CODE | | | | |
| gen Br | | 01-50 | | | | <i>u</i> |
| OB TYPE () | HOLE SIZE | HOLE DEPTH TUBING | 23/0 | CASING SIZE & W | | /2 |
| LURRY WEIGHT | 13.8 DRILL PIPE | 1/12 | <u> </u> | CEMENT LEFT in | OTHER | |
| DISPLACEMENT | DISPLACEME | | | RATE | | |
| REMARKS: | Cty meeting a r | ia up on Chevenn | Well Se | v. plus a | as orde | ered Wi |
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| | | | | The Je | ank you | |
| ACCOUNT CODE | QUANITY or UNITS | DESCRIPTION of | SERVICES or PRC | Je | UNIT PRICE | TOTAL |
| | QUANITY or UNITS | DESCRIPTION of PUMP CHARGE | SERVICES or PRC | Je | ing scree | тотаL 950.Q) |
| CODE CEOY70 | | PUMP CHARGE MILEAGE | | Je | UNIT PRICE 95000 7.15 | 950.00 |
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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.



Invoice





 Date
 Invoice #

 10/24/2017
 2205

Terms

Bill To

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

| Job Info | RECEIVER |
|---|-------------------------|
| Miller "B" #2-14 Sub Gove County, KS Sec 14-15s-29W Field Ticket #2012 | NOV - 9 2017 WICHITA |

P.O. No.

| | | | | Net 30 |
|--------------------|--|------------|-------|---|
| Quantity | Description | | | Amount |
| i I I | Service Charge Min Charge 3-1/8 Slick 10 Jets - per job Extra Guns Total Charges for Service Cased Hole - Discount | | | 500. 1,450. 350. 2,300. -575. |
| | רבינגעיי יידי אריידי רבינגעיירי אר | | | |
| | 1354050 | AMOUNT | | |
| | MILLSUN PERF TO P& A M APPELOUAL TA VEHIFIED ACCURACY | ILLERBLSWD | | |
| | | | | |
| ase remit to above | address. | | Total | \$1,725.0 |

| WIRELINE SERV | P.O. B Hays, /ICES Phone | Remit To: ox 549 KS 67601 : (785) 628 785) 628-36 | 9-6395 551 | RECEIV NOV - 7 | ED DA | ET No. .te | 0-23-17 | - 2012 | |
|---|--------------------------------|---|---------------|-------------------|--------------|---------------|-------------|---------------|---|
| INVOICE NO. | | | P.C | D. NO. | | | & A2-14 | AFE NO. | |
| CUSTOMER Abergrambi | e Energy | LLC. | | ASE M. | ller | "B" | | WELL NO. | |
| ADDRESS | 57 | 1 | FIE | ELD | | ST | TATE KS | COUNTY 6 | ~ |
| | | | LO | CATION S | Sec 14 | 1 - Two | 155 - Re | ~ 29h | |
| CITY | | | CA | SING SIZE | 8 WT. 4 | 12 1 | 153 - Rs | TBG. SIZE | |
| STATE | ZIP | | | PE OF JOB | 2 | f | | | |
| ORDERED BY | | | тіт | TLE . | | | | SERVICE SUPV. | |
| PART NO. | C | ESCRIPTIC | ON | | REV. CODE | QTY. | UNIT | AMOUNT | T |
| 40-70-210-1000 | Set | up | | | | | | 500 | - |
| 40-75-805-0665 40-75-805-0065 | 35 Sque 35 Sque | e 2 e (| / ++ 1 | | | 33 | | 1450 | 1 |
| | | | | | | | | 350 | |
| | Peit | 3 (9a) 381 | 5 | | | | | | |
| | | | | | | | | | |
| CALLED OUT | ON LOCATION | | CO | MPLETED | TOTA | L SERVICE | & MATERIALS | 2300 | |
| Time | T | ime | | Time | | | DISCOUNT | (). | |
| Date | 0 | ate | | Date | | | TAX | | |
| ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED | | | | | | TOT | AL CHARGES | 1725 | - |
| WITH MY INITIALS, I CONFIRM THAT T "HOURS" COLUMN, ACCURATELY REFI | | SABLE TIME. | - | | | | | | |
| Employee Name (Print) | | Hours | Initials | 4 | | | | | |
| Pail Pring | ardt- | -8 | | | | | | | |

CUSTOMER AGREES to pay (the "Company") on a net 45 day basis from date of invoice to avoid loss of discount. Invoices older then 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 invoices.

angter

CUSTOMER REPRESENTATIVE