

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

KANSAS CORPORATION COMMISSION 1376333
 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

COPELAND

Acid & Cement

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

RECEIVED
 DEC - 4 2017

INVOICE NUMBER:
C45794-IN



WICHITA
 LEASE: SHRIVER B #1

BILL TO:
ABERCROMBIE ENERGY, LLC
5510 OIL CENTER ROAD SOUTH
GREAT BEND, KS 67530

Copy

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
11/15/2017	C45794		11/09/2017		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
15.00	MI	MILEAGE PICKUP		15.00	2.00	25.50
15.00	MI	MILEAGE CEMENT PUMP TRUCK		15.00	4.00	51.00
1.00	EA	PUMP CHARGE P.T.A.		15.00	650.00	552.50
60.00	SK	COMMON CEMENT		15.00	12.75	650.25
225.00	SK	60/40 POZ MIX 2% GEL		15.00	10.75	2,055.94
4.00	SK	CALCIUM CHLORIDE		15.00	30.00	102.00
4.00	SK	2% ADDITIONAL GEL		15.00	22.00	74.80
200.00	LB	COTTONSEED HULLS		15.00	0.40	68.00
293.00	EA	BULK CHARGE		15.00	1.25	311.31
193.50	MI	BULK TRUCK - TON MILES		15.00	1.10	180.92
REMIT TO:		COP		Net Invoice:		4,072.22
P.O. BOX 438 HAYSVILLE, KS 67060		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		PRACO Sales Tax:		66.82
RECEIVED BY		NET 30 DAYS		Invoice Total:		4,139.04

ORDER NUMBER
 INVOICE NUMBER
 DATE OF RECEIPT
 ORDER NUMBER
 1354050
 SHRIVBG
 CEMENT PLUG WELL
 APPROVAL
 VERIFIED ACCURACY

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service
 Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.

SCF 11-29-17



FIELD ORDER N° C 45794

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 11-9 2017

IS AUTHORIZED BY: ABERCROMBIE ENERGY LLC
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease SHRIVER B Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County PRAIRIE State Ks.

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator _____ By _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	15	Mileage Pickup	2.00	30.00
2	15	Mileage Pump Truck	4.00	60.00
2	1	Pump Chg. P.T.A.	650.00	650.00
2	60sx	COMMON CEMENT	12.75	765.00
2	225sx	60-40 POZMIX 2% GEL	10.75	2418.75
2	4sx	Calcium Chloride	30.00	120.00
2	4sx	ADDITIONAL GEL	22.00	88.00
2	200lb	Hulls	.40	80.00
2	29.3	Bulk Charge	1.25	366.25
2	15	Bulk Truck Miles $19.90 = 193.50 \times 1.10 =$		212.85
		Process License Fee on _____ Gallons	15%	4740.85
		TOTAL BILLING		-718.63
				4072.22

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Duane Brozek

Station Gr. Bena

TIM
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date 11-9-17 District G. Berry F. O. No. 45794
 Company ABERCROMBIE
 Well Name & No. SHIVER B#1
 Location PRATT Field KS
 County PRATT State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Breakdown..... Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Flush Bbl./Gal.
 Treated from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 from ft. to ft. No. ft.

Casing: Size 5 1/8" Type & Wt. Set at ft.
 Formation: Perf. to
 Formation: Perf. to
 Formation: Perf. to
 Liner: Size Type & Wt. Top at ft. Bottom at ft.
 Cemented: Yes/No. Perforated from ft. to ft.
 Tubing: Size & Wt. 2 3/8" Swung at 3908' ft.
 Perforated from ft. to ft.

Actual Volume of Oil/Water to Load Hole: Bbl./Gal.
 Pump Trucks. No. Used: Std. 320 Sp. Twin
 Auxiliary Equipment 360 - B10 T
 Packer: Set at ft.
 Auxiliary Tools DUAN GREG JAMES
 Plugging or Sealing Materials: Type

Open Hole Size T.D. ft. P.B. to ft.

Company Representative Treater DUAN

TIME a.m /p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
9:55				ON LOC
10:30			23.60	1 st Plug @ 3908' w/ 605x Common 390cc 200# Hulls
3:00				Set ACIBP @ 3550' w/ 25x CMC on top
3:25		500	50 BBLs	psi test 5 1/8" CSB
3:45				PERFORATE @ 610'
3:45			50.93	2 nd Plug @ 610' to surface w/ 200x60-40bz 490Gel
3:45			62.36	Top of 5 1/8" CSB w/ 255x 60-40 Poz 490Gel
				Job Complete



ELI
 WIRELINE SERVICES
 PO BOX 549
 HAYS, KS 67601



Invoice

Date	Invoice #
11/9/2017	2233

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

Job Info
Pratt County, KS Field Ticket #1372 <i>Shriver B-1</i>



P.O. No.	Terms
	Net 30

Quantity	Description	Amount
1	Service Charge	500.00
1	Set Solid Bridge Plug 5 1/2 - each	1,550.00
1	Dump Bailer w/sack of cement	300.00
1	Min Charge 4" HSC 10 Jets - per job	1,250.00
	Total Charges for Service	3,600.00
	Cased Hole - Discount	-900.00
<p><i>1354050</i> <i>SHRIVBG</i> <i>PERE TO PLUG WELL</i> <i>APPROVAL [Signature]</i> <i>VERIFIED ACCURACY</i></p>		

Please remit to above address.	Total	\$2,700.00
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5CT 11-13-17



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

FIELD TICKET No. - 1372

DATE 11-9-17
 UNIT # 702

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>ABERCROMBIE</u>	LEASE <u>Shriner B</u>	WELL NO. <u>1</u>
ADDRESS	FIELD	STATE <u>KS</u> COUNTY <u>PRATT</u>
CITY	LOCATION	
STATE	CASING SIZE & WT.	TBG. SIZE
ZIP	TYPE OF JOB <u>5 1/2 CIBP CMT PERF</u>	

ORDERED BY	TITLE	SERVICE SUPV.			
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
70-210-1000	SERVICE CHARGE	40	1		500 -
75-820-0055	5 1/2" CIBP @ 8550	40			1550 -
	2 SACKS CEMENT				300 -
75-805-0210	1x4 @ 1010 4" HSC	40	4		1250 -
	1 CIBP				
	4 HSC CHARGES				
	2' PETN				
	1 PRIMARY 1 SECONDARY				

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS <u>31000</u> -
			DISCOUNT <u>900</u> -
			TAX
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED			TOTAL CHARGES <u>2700</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>CAPPELWICK</u> <u>BURNS</u>	<u>9.75</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 _____
 CUSTOMER REPRESENTATIVE

White - Main Canary - Customer Pink - Field