

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

KANSAS CORPORATION COMMISSION 1376348
 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



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

Copy

Date: 11/28/2017
 Invoice # 554

P.O.#:

Due Date: 12/28/2017

Division: *Russell*

Invoice

RECEIVED
 DEC - 4 2017
 WICHITA *AK*

Contact:
 ABERCROMBIE ENERGY
Address/Job Location:

10209 W CENTRAL, STE 2
 WICHITA KS 67212-4685

Reference:
 BROCKELMAN 2 SEC 29-10-32

Description of Work:
 PLUG JOB

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 601.97	Yes				
Common-Class A	180	\$ 2,501.78	Yes				
POZ Mix-Standard	120	\$ 566.75	Yes				
Cottonseed Hulls	10	\$ 337.35	Yes				
Bulk Truck Matl-Material Service Charge	400	\$ 269.88	Yes				
Premium Gel (Bentonite)	12	\$ 234.80	Yes				
Pump Truck Mileage-Job to Nearest Camp	15	\$ 45.54	Yes				
Bulk Truck Mileage-Job to Nearest Bulk Plant	15	\$ 35.42	Yes				

Invoice Terms:

Net 30

SubTotal: \$ 4,593.48

Discount Available ONLY if Invoice is Paid & Received within listed terms of invoice: \$ (114.84)

SubTotal for Taxable Items: \$ 4,478.65

SubTotal for Non-Taxable Items: \$ -

Total: \$ 4,478.64

Tax: \$ 358.29

8.00% Thomas County Sales Tax

Amount Due: \$ 4,836.93

Applied Payments:

Balance Due: \$ 4,836.93

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

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

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

No. 554

Date	11-28-17	Sec.	29	Twp.	10	Range	32	County	Thomas	State	KS	On Location		Finish	3:30pm
Lease								Location							
Brockelman								Oakley 3N to CD 2 1/2w Sinto							
Well No.								Owner							
2								To Quality Oilwell Cementing, Inc.							
Contractor								You are hereby requested to rent cementing equipment and furnish							
H.D.								cementer and helper to assist owner or contractor to do work as listed.							
Type Job								Charge To							
P.T.A								Abercrombie Energy							
Hole Size								Street							
T.D.								City				State			
Csg. 4 1/2								Depth							
Tbg. Size 2 3/8								Depth							
Tool								Depth				The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg.								Shoe Joint				Cement Amount Ordered 400 #/40 4-1/2 GEL			
Meas Line								Displace				SOUTH HILLS			
EQUIPMENT								Common				180			
Pumptrk 20								No. Cementer				Craig			
								Helper							
Bulktrk								No. Driver				David			
								Driver							
Bulktrk 21								No. Driver				Jordan			
								Driver							
JOB SERVICES & REMARKS								Hulls				500# (8) 500# (10)			
Remarks:								Salt							
Rat Hole								Flowseal							
Mouse Hole								Kol-Seal							
Centralizers								Mud CLR 48							
Baskets								CFL-117 or CD110 CAF 38							
D/V or Port Collar								Sand							
1 1/2 4050 90 SK 250# Hulls								Handling				400			
2 1/2 2750 90 SK 150# Hulls								Mileage							
3 1/2 1375 90 SK 100# Hulls								FLOAT EQUIPMENT							
Cement Circulator								Guide Shoe							
4 1/2 325K Top off								Centralizer							
Annulus - Pressured to 320#								Baskets							
(USED) 320SK + 500# Hulls								AFU Inserts							
								Float Shoe							
								Latch Down							
								Pumptrk Charge				plug			
								Mileage				15 (min)			
Signature												Tax			
												Discount			
												Total Charge			

Copy

Invoice



ELI
WIRELINE SERVICES
PO BOX 549
HAYS, KS 67601

RECEIVED
DEC - 7 2017
WICHITA



Date	Invoice #
11/27/2017	2298

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

Job Info
Broeckelman #2 Thomas County, KS Sec 29-10S-32W Field Ticket #1321

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 _____ PHONE NUMBER _____ COPY OF RECEIPT _____ <i>HA</i> _____ JOB NUMBER _____ <i>1354030</i> _____ <i>BROEC</i> _____ <i>PERF TO PLUG WELL # 2</i> _____ AMOUNT <i>17</i> _____ VERIFIED ACCURACY _____		

Please remit to above address.	Total	\$1,312.50
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307 12-5-17



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

FIELD TICKET No. - 1321

DATE 11/28/17

UNIT # 3362

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Abercrombie Energy</u>	LEASE <u>Broeckelman</u>	WELL NO. <u>2</u>
ADDRESS	FIELD	STATE <u>Ks</u> COUNTY <u>Thomas</u>
CITY	LOCATION <u>29-105-32W</u>	TBG. SIZE
STATE	CASING SIZE & WT. <u>4 1/2"</u>	
ZIP	TYPE OF JOB <u>Perf to plug</u>	
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>75-805-0100</u>	<u>3 1/2" HSC Perf 2 shots @ 2585'</u>				<u>1250 -</u>

CALLED OUT _____ Time _____ Date	ON LOCATION <u>8:30</u> Time <u>11/28</u> Date	COMPLETED <u>9:45</u> Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX	<u>1750 -</u> <u>437 50</u> <u>1312 50</u>
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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>Gettschalk</u>	<u>4.5</u>	
<u>Burns</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]
 CUSTOMER REPRESENTATIVE