

**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

**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

## Acid & Cement

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

BILL TO:  
ABERCROMBIE ENERGY, LLC  
5510 OIL CENTER RD S  
GREAT BEND, KS 67530

LEASE: SPRUIL #1

INVOICE NUMBER:  
C46282-IN

COPY



DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS
09/19/2018	C46282		09/14/2018		NET 30
QUANTITY	U/M	ITEM NO./DESCRIPTION	D/C	PRICE	EXTENSION
50.00	MI	MILEAGE CEMENT PUMP TRUCK	10.00	4.00	180.00
1.00	EA	PUMP CHARGE-P.T.A	10.00	650.00	585.00
225.00	SK	60/40 POZ MIX 2% GEL	10.00	10.75	2,176.88
4.00	SK	ADDITIONAL GEL	10.00	22.00	79.20
100.00	LB	COTTONSEED HULLS	10.00	0.40	36.00
231.00	EA	BULK CHARGE	10.00	1.25	259.88
508.20	MI	BULK TRUCK - TON MILES	10.00	1.10	503.12
<p>VENDOR NUMBER _____</p> <p>DUPLICATE NUMBER _____</p> <p>DATE OF RECEIPT _____</p> <p>AMOUNT _____</p> <p>1354050</p> <p>SPRUI</p> <p>CEMENT TO PLUG WELL</p> <p>APPROVAL <i>[Signature]</i></p> <p>VERIFIED ACCURACY _____</p>					
<b>REMIT TO:</b> P.O. BOX 438 HAYSVILLE, KS 67060			COP		
RECEIVED BY _____			NET 30 DAYS		
FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.			Net Invoice: 3,820.08		
			LANCO Sales Tax: 286.51		
			Invoice Total: <u>4,106.59</u>		

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



FIELD ORDER N° C 46282

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

DATE 9-14 2018

IS AUTHORIZED BY: Abscrambe (NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well Spruit Well No. #1 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County Lane 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

By \_\_\_\_\_

Well Owner or Operator

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	50	Miles Pump Truck	4 <sup>00</sup>	200 <sup>00</sup>
2		Pump Charge - PTA		650 <sup>00</sup>
2	225	Skts 60/40 2% Gel	10 <sup>75</sup>	2418 <sup>75</sup>
2	4	Additional Gel	22 <sup>00</sup>	88 <sup>00</sup>
2	100 #	Cottonseed Hulls	0 <sup>40</sup>	40 <sup>00</sup>
	231	Bulk Charge	1 <sup>25</sup>	288 <sup>75</sup>
		Bulk Truck Miles 10.1647 x 50 miles = 508.20	1 <sup>10</sup>	559 <sup>00</sup>
		Process License Fee on _____ Gallons		
		TOTAL BILLING	102	4244 <sup>53</sup>

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 Greg C Station 603 Well Owner, Operator or Agent Tim Salzer

Amounts: 4244.53 - 424.45 = 3820.07

Remarks \_\_\_\_\_ NET 30 DAYS

