

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

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 #: _____
 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



TREATMENT REPORT

Acid Sump No. _____

Date 8/18/2020 Desk # GB F.O. No. 660169
 Company ABERCOMBE ENERGY LLC
 Well Name & No. KOBLER #1
 Location _____ Field _____
 County GRAYHAM State KS
 Casing: Size 5 1/2, Type & Wt. _____ Set of _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Liner: Size _____ Type & Wt. _____ Top of _____ ft. Bottom at _____ ft.
 Cemented: Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. 2 3/8 Setting of _____ ft. to _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ I.D. _____ ft. P.S. to _____ ft.

Type Treatment: _____ Amt. _____ gal/gal
 Bottom _____ gal/gal
 _____ gal/gal
 _____ gal/gal
 Push _____ gal/gal
 Treated from _____ ft. to _____ ft. No. ft. _____ 0
 from _____ ft. to _____ ft. No. ft. _____ 0
 from _____ ft. to _____ ft. No. ft. _____ 0
 Actual Volume of Gel / Water to Load Well: _____ gal/gal
 Pump Truck: No. Used: 320 Sp. _____ Sp. _____
 Auxiliary Equipment _____ 360-508T
 Personnel GREG MIKE
 Auxiliary Tools _____
 Pugging or Sealing Materials: Type _____ Gal. _____ B.

Company Representative

TIM RULIAN

Trucker

GREG CLARTIS

Time	Pressures		Total Fluid Pumped	Remarks
	Ann./pump	Tubing		
9:30				ON LOCATION
				PUMP 100 SKS 60/40 4% GEL WITH 200# HULLS @ 3600'
				PUMP 120 SKS WITH 200# HULLS @ 2000'
				CIRCULATE CEMENT FROM 1000' TO SURFACE. TOOK 90 SKS FOR THE 5 1/2
				SHUT 5 1/2 IN, TRY TO CIRCULATE CEMENT UP THE 8 5/8, PSI TO 300#
				PULL TUBING. TOP OFF WITH 10 SKS
				TIED ON TO 8 5/8, PRESSURED UP TO 300#
12:30				JOB COMPLETE
				THANK YOU!!!



Top to Bottom Well Services, LLC
 1563 Ridge Rd
 HAYS, KS 67601
 785-623-0473

Invoice

Date	Invoice #
8/19/2020	6806

RECEIVED
 AUG 31 2020
 WICHITA

RECEIVED
 AUG 26 2020
 GREAT BEND

Bill To
 Abercrombie Energy
 5510 South Oil Center Rd
 Great Bend, KS 67530

Lease / Well	Terms	Project
Kobler 1	Due on receipt	

Quantity	Description	Rate	Amount
2	8/14/20: RIG # 2: Plug Job. Drove rig to location. Assessed location and backed in. Drove back to Hays. SDFN.	125.00	250.00T
9.5	8/17/20: DTL. Rig up. Pull plunger and single out rods. Rig over and rig up to swab tubing down. Clean up Mess. SDFN.	125.00	1,187.50T
8	8/18/20: DTL. Perforate Hole. Run tubing in hole to 3600 ft. Plug well. Clean up mess. Rig down and move to Kobler SWD. DONE	125.00	1,000.00T
2	Fuel per day	40.00	80.00
2	Oil Saver Rubbers	11.00	22.00
2	Wash Gas	15.00	30.00
1	Swab Cups 2 3/8	24.00	24.00
1	PARTS: One - 2 inch Collar lined pipe. Two 2 x 8 inch nipples. One 2 inch 90 street L.	35.00	35.00
	Graham Sales Tax	7.50%	182.81
Total			\$2,811.31

VENDOR NUMBER
 VOUCHER NUMBER
 INVOICE DATE
 CODE AND JTD
 9050
 KOBLE
 PLUG WELL #1
 APPROVAL
 VERIFIED ACCURACY

AMOUNT
 91

Sc# 8-27-20