

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

785-953-0222



TICKET NUMBER 1124 K-e
LOCATION Ho go fork
FOREMAN DeH Dinke

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE 11-19-2020 CUSTOMER # Hilcrest #2 WELL NAME & NUMBER
 SECTION 28 TOWNSHIP 115 RANGE 33W COUNTY Logan
 CUSTOMER Abercrombie Energy LLC
 MAILING ADDRESS Moynett East to Rd 360 3 1/2 S 800-850 David Davis
 STATE 1/4E ZIP CODE

JOB TYPE DHD HOLE SIZE 7 1/8 HOLE DEPTH 2 3/8 - 4125' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 13:0 DRILL PIPE DISPLACEMENT PSI TUBING MIX PSI WATER gal/sk CEMENT LEFT IN CASING OTHER
 SLURRY WEIGHT 13:0 SLURRY VOL DISPLACEMENT PSI RATE 4 BPM

REMARKS: Safety Meeting 1 Rig up Equipment 4125' mixed 90 sks cement w/ 300# Hells 1 Displace 10 BBL H2O 2800' mixed 90 sks cement w/ 300# Hells Displaced 5 BBL H2O 1400' mixed 90 sks cement w/ 250 Hells, Displaced 1 BBL H2O Bot 15 sks in Annulus Pressure to 300# Top OEE well w/ 20 sks cement

Thank You Walt & Crew

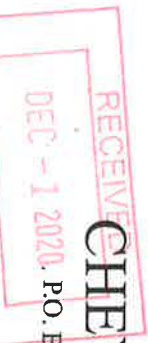
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
	1	PUMP CHARGE	950.00	950.00
	10	MILEAGE	715	7150
	13.12	Tan Mileage Delway (min)	175	660.00
	305 - sks	Ltb Weight Blend V	16.00	4880.00
	850 #	cotton seed Hells	7.04	595.00
		<u>less 40% Discount</u>		<u>-2882.00</u>
				<u>4293.00</u>
				<u>7158.50</u>
				<u>4293.90</u>
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION ZS TITLE foreman DATE

I acknowledge that the payments 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.

CHEYENNE WELL SERVICE

3299 BB



PO. Box 384
NESS CITY, KANSAS 67560

Phone 785-798-2282

RECEIVED
DEC 07 2020

Company Abercrombie Lease Hubert Well No. 2 Date 11-16-20 County NESS
WICHITA

JTS.	PULLED FROM WELL	EQUIPMENT	JTS.	RAN IN WELL
		POLISHED ROD RODS		
		PONY RODS		
		PUMP		
		TUBING		
		TUBING SUBS		
		BARREL		
		ANCHOR		

RECORD OF ROD BREAKS

New () Used ()

SIZE & TYPE OF ROD	KIND OF BREAK	NO. OF RODS DEEP	SIZE & TYPE REPLACEMENT

RECORD OF TUBING FAILURE

Found Hole () Split () Collor Leak () In. Jt. () Length ()
 Replaced With New () B Grade () Size _____ Length ()

Visual Condition of:	RODS		MILDLY PITTED		BADLY PITTED		CHECK IF PRESENT	
	SIZE	GOOD	PITTED	PITTED	SCALE	PARAFFIN		
Rods								
Tubing								

Remarks Rigged up get circulating ready to run Tubbing shut down

11-17-20 Drove to location we put circulating together for sand line drill go down in the well push plug down to 41250 Ft came out with the sand line drill take a part put w/ sand line back on the rig wait for tubing help get unloaded Tubbing wait for loggers they shut 2 zone we ran 133 JTs in the hole wait for cement put cement pull 493 JTs out put more cement pull 53 JTs out put cement pull all out take working had out rigged down clean trough clean location put pump back on done drove back to Ness.

7 hours

UNIT	HRS.	PER HRS.	AMOUNT
<u>#18</u>	<u>15</u>	<u>2000.00</u>	<u>30000.00</u>
Operator			
FLOOR HANDS			
NO. USED			
TAX			
TOTAL			<u>3216.30</u>

PLEASE PAY BY INVOICE
NO STATEMENT WILL BE SENT

Approved by SO/USVT TAX 196.30

SCY 12-1-20