

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.

(Print Name) Employee of Operator or Operator on above-described well,

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

Form	CP4 - Well Plugging Record
Operator	Abercrombie Energy, LLC
Well Name	GRABER 1
Doc ID	1655865

Producing Formations

Formation	Top	Bottom	Total Depth
Krider	2424	2428	
Krider	2473	2483	
Ft Riley	2562	2570	
Ft Riley	2576	2580	



785-953-0222

TICKET NUMBER 2503 K-C
LOCATION Hugoton, Ks
FOREMAN Walt Dunkel

FIELD TICKET & TREATMENT REPORT CEMENT

DATE 6-3-22	CUSTOMER #	WELL NAME & NUMBER Graber #1	SECTION 26	TOWNSHIP 26 ^s	RANGE 40 ^w	COUNTY Hamilton
CUSTOMER Abercrombie Energy			SYNCRUDE	TRUCK # 103	DRIVER Cory D.	
MAILING ADDRESS			Soarta to Rd 35 6.000 to Rd 0 345-144	800-880	Chris P.	
CITY	STATE	ZIP CODE				

JOB TYPE OHP HOLE SIZE 7 7/8" HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: *Safety Meeting, Rig up Equipment
 Run Tubing to 2050, mix 30 sks cement, Displace 6 BBL H₂O
 Pull Tubing, set CIBPD 675", Perf 650, Set Retainer @ 550"
 mixed 130 sks cement down tubing, circ cement up Annulus
 mixed 30 sks cement, filled 5 1/2 casing*

*Thank You
 Walt & Crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
	1	PUMP CHARGE	950.00	950.00
	40	MILEAGE	7.15	286.00
	8.17	Ton Mileage Delivery	125	660.00
	190 - sks	Light Weight Blend V	16.99	3,040.00
				4,936.00
		Loss 20% Disc	-	987.20
				3,948.80
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION

[Signature]

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.