

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

1099240

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 #:			API No. 1	15 -				
Address 1:					Гwp S. R	Vest		
Address 2:				Feet from				
City:	State:	Zip: +		Feet from				
Contact Person:			Footages	Calculated from Near	rest Outside Section Corner:			
Phone: ()				□ NE □ NW □	SE SW			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodie	c County					
Water Supply Well C	Other:	SWD Permit #:	1					
ENHR Permit #:	Gas Sto	rage Permit #:						
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)				
Producing Formation(s): List A	•	sheet)	by:		(KCC District Agent's Na	ame)		
Depth to		m: T.D	Plugging	Commenced:				
Depth to	•	m: T.D	Plugging	Completed:				
Depth to	Top: Botto	m:T.D						
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Record (Sur	asing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
						\dashv		
						\dashv		
cement or other plugs were us	. 00		•		ods used in introducing it into the hole	<i>J.</i>		
Plugging Contractor License #:			vlame:					
Address 1:			Address 2:					
City:			State:					
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _		, SS.					
			Er	nployee of Operator or	Operator on above-described v	vell,		

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.

(Print Name)

Mike's Testing & Salvage Inc.

P.O. Box 467 Chase, KS 67524

Invoice

Date	Invoice #
10/17/2012	13576

Bill To	
Trek AEC, LLC	
155 N. Market, Suite 710 Wichita, Kansas 67202	
Wiemu, Raisas 07202	

	P.O. No.	Lease	County
		Jost #1	Marion
Qty Descr	Rate	Amount	
11 Hrs 5 Sx Cement Sand Casing Knife 1 Night out of town 9/25/12 Rigged up. Checked hole, Bottom 3010'. Dumped 5sx cement with be casing @ 1101'. Laid down 5-1/2 coff. 11hrs 10/2/12 Rigged up Copeland. Ran poly pip Pulled out poly. Waited. Ran poly, cement to surface with 65sx 60/40p KCC: Hunt Sales Tax	ailer. Pulled 8" of stretch. C casing. Tore rig down and m be to 280', mixed 50sx hot pi hit cement @ 145'. Circula	22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	95.00 2,145.00T 12.50 62.50T 40.00 40.00T 50.00 250.00T 10.00 210.00T
		Total	- Indiana de la companya della companya della companya de la companya de la companya della compa



FIELD ORDER Nº C 38089

BOX 438 . HAYSVILLE, KANSAS 67060 316-524-1225 IS AUTHORIZED BY: _ Address City To Treat Well Well No. As Follows: Lease Customer Order No. Sec. Twp. Range __ 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 Wall Owner or Operator Agent UNIT DESCRIPTION QUANTITY **AMOUNT** CODE COST **Bulk Charge Bulk Truck Miles** Process License Fee on Gallons TOTAL BILLING 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 Station. Well Owner, Operator or Agent

Remarks



TREATMENT REPORT

		L. P. J.
Acid	fitase.	No. C.J.

	٠.	0			Type Trantment:		Type Pluid		Pounds of Sand
DRIE MOTI				No	Bkdown	Bbl. /Gal	******************************		***************************************
Company	J. Crosses	there	garacase			Bbl. /G41		**** ****************	***************************************
Well Name &	No 22022	7	<u>0</u>	***********************************		Bbl. /Gal		**** 11*************	***************************************
Location	.4-3377		Pield	*******************************	W### ##= b-q		P-1848 P-841-10-10-4-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		***************************************
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Own Hole Bir	55.	. 	(L. P.)	i tontt.			er en	Cale.	
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Company 1	Representativ	·c			_ Treater	Mr. B	\		
TIME		SURES	Total Fluid		*****	1			
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