



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1136614
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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Mike's Testing & Salvage Inc.

P.O. Box 467
Chase, KS 67524

Invoice

Date	Invoice #
4/24/2013	13839

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

P.O. No.	Lease	County
Adolph Storage	#2	Barton

Qty	Description	Rate	Amount
25	Hrs	195.00	4,875.00T
2	Sx Cement	12.50	25.00T
	Casing Knife	250.00	250.00T
	4/8/13 Rigged up, had trouble killing well. Had Copeland come out, killed well. Pulled tubing out. Swabbed fluid down backside. Log Tech set plug CIBP @ 3700'. Shut down. 9hrs		
	4/9/13 Dug cellar & pit out. Filled casing up with water. Welded 5-1/2 collar on casing. Dumped 2sx cement with bailer. Set floor, got 20" of stretch. Cut pipe @ 2007'. Shut down due to wind & rain. 7hrs		
	4/11/13 Had to jack 10jts out. Pulled up to 1640'. Copeland pumped 150sx. Pulled up to 1100, pumped 50sx. Pulled up to 650', circulated cement to surface with 150sx. Pulled out rest of casing. Rigged down. 9hrs		
	KCC: Bruce Rodie Sales Tax	7.30%	375.95
		Total	\$5,525.95

COPELAND

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

Acid & Cement

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

INVOICE NUMBER:
C38454-IN

BILL TO:
TREK AEC
P.O. BOX 516
CANTON, KS 67428

LEASE: **ADOLF STORAGE #2**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
04/16/2013	C38454		04/08/2013		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
		4/8/2013				
15.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	60.00
15.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	30.00
1.00	EA	CEMENT PUMP CHARGE		0.00	550.00	550.00
		4/11/2013				
15.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	60.00
15.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	30.00
1.00	EA	CEMENT PUMP CHARGE		0.00	650.00	650.00
350.00	SAX	60-40 POZ MIX 2% GEL		0.00	9.25	3,237.50
7.00	SAX	2% ADDITIONAL GEL		0.00	22.00	154.00
200.00	LB	COTTONSEED HULLS		0.00	0.40	80.00
357.00	EA	BULK CHARGE		0.00	1.25	446.25
235.62	MI	BULK TRUCK - TON MILES		0.00	1.10	259.18
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		5,556.93
RECEIVED BY _____		NET 30 DAYS		BATCO Sales Tax:		87.60
				Invoice Total:		<u>5,644.53</u>

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

Copeland Acid & Cement is a subsidiary of Gresel Oil Field Service
 Gresel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code



TREATMENT REPORT

Acid Stage No.

Date 4-8-13 4-11-13 District..... F. O. No. 38454
 Company TREK
 Well Name & No. APPLE STORAGE #2
 Location..... Field.....
 County BALTON State MS
 Casing: Size..... Type & Wt..... Set at..... ft.
 Formation..... Perf..... to.....
 Formation..... Perf..... to.....
 Formation..... Perf..... to.....
 Liner: Size..... Type & Wt..... Top at..... ft. Bottom at..... ft.
 Cemented: Yes/No. Perforated from..... ft. to..... ft.
 Tubing: Size & Wt..... Swung at..... ft.
 Perforated from..... ft. to..... ft.
 Open Hole Size..... T. I. ft. P. D. to..... ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Breakdown..... Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Flush..... Bbl./Gal.
 Treated from..... ft. to..... ft. No. ft.
 from..... ft. to..... ft. No. ft.
 from..... ft. to..... ft. No. ft.
 Actual Volume of Oil/Water to Load Hole:..... Bbl./Gal.
 Pump Trucks No. Used: Std..... Sp..... Twin.....
 Auxiliary Equipment.....
 Packer:..... Set at..... ft.
 Auxiliary Tools.....
 Plugging or Sealing Materials: Type.....

Company Representative T. HAD S. Treater J. Brandon

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
8:30	4-8-13			ON LOCATION BILL WELL
8:30	4-11-13			ON LOCATION Pump 150 sks 60/40 4% at 1650' Pump 50 sks 60/40 4% at 1100' w/ 100 th hole Dump 150 sks 60/40 4% at 650' w/ 100 th hole & circulated to surface Thanks Brandon