

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1145069

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. 15	5					
Name:				Spot Description:						
Address 1:		-	Sec Twp S. R East West							
Address 2:					Feet from North / South Line of Section Feet from East / West Line of Section					
City:										
Contact Person:			F	Footages Calculated from Nearest Outside Section Corner:						
Phone: ()					NE NW	SE SW				
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.					County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)					
Depth to	Top: Botto	m: T.D		Plugging Commenced:						
Depth to	Top: Botto	m:T.D		Plugging Completed:						
Show depth and thickness of	all water, oil and gas forma	ations.								
Oil, Gas or Water	Records		Casing Red	asing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us						ds used in introducing it into the hole. If				
Plugging Contractor License #:				ne:						
Address 1:			Address 2:							
City:				State:		Zip: +				
Phone: ()										
Name of Party Responsible fo	r Plugging Fees:									
State of	County, _			, ss.						
(Drint Name)				Em	ployee of Operator or	Operator on above-described well,				

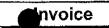
Submitted Electronically

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



Acid & Cement

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



Page: 1

MAY 0 2 2013

BURRTON, KS | GREAT BEND, KS (620) 463-5161 FAX (620) 463-2104

(620) 793-3366 FAX (620) 793-3536

INVOICE NUMBER: C41842-IN

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

PETERS SOUTH A #1 LEASE:

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE	CADER	SPECIAL I	SPECIAL INSTRUCTIONS		
04/30/2013	C41842	04/24/2013				NET 30			
QUANTITY	U/M	ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION		
1.00	EA	CEMENT PUMP		0.00	650.00	650.00			
155.00	SAX	60-40 POZ MIX 4% GEL			0.00	9.69	1,501.95		
41.00	МІ	CEMENT MILEAGE PUMP TRUCK			0.00	4.00	164.00		
155.00	EΑ	BULK CHARGE			0.00	1.25	193.75		
279,62	Mi	BULK TRUCK - TON MILES			0.00	1.10	307.58		
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REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060 RECEIVED BY		СОВ			Net Invoice: 2,817.2				
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. NET 30 DAYS			MCPCO Sales Tax: Invoice Total:		47.45		
						2,864.73			

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



TREATMENT REPORT

Acid Stare No.

الالا <u>والم</u> الا	ות בינו	arries Busse). Noununninnanararar	Type Treatment:		Type Fluid	Sand Size	Pounds of Hand			
Company Tok AF Swith AFT					Bbl. /Gal.							
Casing: Size Type & Wi. Bet at. (t. Pormation: Perf. 10						•	***************************************	-				
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					Actual Volume of OII/Water to Load Hole:							
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				t.	Auxiliary Tools	,,,,	*************	91 77 1515 <i> </i> 547 <i> </i> 4447 7165 71-51	*,,-=>-4 +1 × <u>+0</u>			
	······································				Plugging or Bealls	ış Muteriala: Typ	. 155 sades	60-40-1	Poz			
then Hole Siz		T.D		B. lonan again and another			211777					
						-22 A						
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TIME	PRES	TURKS	Total Fluid			REMAR	V B					
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