



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

KANSAS CORPORATION COMMISSION 1194731
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.
 _____ 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

Professional Pulling Service, LLC

P.O. Box 486
Hays, Kansas 67601
(785) 628-7443 • Cell: (785) 623-7745
Order No. _____

W.S. No. _____ Invoice No. _____

Company Treath ACC

Called By _____

Lease Ostmeier Well No. A #2

County ROCKS State KS

Remarks: plugged well

2-27 Drive rig to loc R/U - R/U
for hwy ran 2 1/2 - 6 1/2 113 JTS
Tagged tag at 3220 R/U swivel
shut down drove in. X X X X

2-28 Drive to loc get circulation
drill for 3. HRS past true C.L.P.P
circulate clean R/D swivel ran 6 JTS
stack out R/U swivel drill out 30'
circulate clean R/D swivel take 5/8 out
trip out R/U - W/L perp at 1600 R/D
w/c ran 30 JTS shut down drove
in.

Company Supervisor Elyse Loren

PULLED

PUMP _____

Make _____

Size _____ Length _____

SUBS _____

Length _____

Size _____

RODS _____

No. _____

Size _____

TUBING _____

Joints _____

Size _____ Thread _____

PUPS _____

Length _____

BARREL _____

Length _____

SEATING NIPPLE _____

PERFORATION _____

MUD ANCHOR _____

RUNBACK

PUMP _____

Make _____

Size _____ Length _____

SUBS _____

Length _____

Size _____

RODS _____

No. _____

Size _____

TUBING _____

Joints _____

Size _____ Thread _____

PUPS _____

Length _____

BARREL _____

Length _____

SEATING NIPPLE _____

PERFORATION _____

MUD ANCHOR _____

Unit No.	Rig	Hrs.	Rate
2-27	1	4	
2-27	4 1/2 w/b. w/h	2-28 11.5	Rate
2-28	5/8 s/r submer		Rate
	P/Dope		Rate
2-28	5 gal w/gas		Rate
2-28	P/swivel 4.5		Rate
	5 gal w/gas		
	Foreman		

Professional Pulling Service, LLC

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W.S. No. _____ Invoice No. _____
Company Treak AEC
Called By _____
Lease Outmeyer Well No. A # 2
County Rooks State Ks

Remarks:

3-03 Drive to loc Run 80 ft
total 110 set 5/8 P/W - O/cw spot
plug pull 47 ft spot plug take
5/8 out pull rest tbg break w/h
clean tools & loc P/W move tbg
to other loc move off.

PULLED

PUMP _____
Make _____
Size _____ Length _____
SUBS _____
Length _____
Size _____
RODS _____
No. _____
Size _____
TUBING _____
Joints _____
Size _____ Thread _____
PUPS _____
Length _____
BARREL _____
Length _____
SEATING NIPPLE _____
PERFORATION _____
MUD ANCHOR _____

RUNBACK

PUMP _____
Make _____
Size _____ Length _____
SUBS _____
Length _____
Size _____
RODS _____
No. _____
Size _____
TUBING _____
Joints _____
Size _____ Thread _____
PUPS _____
Length _____
BARREL _____
Length _____
SEATING NIPPLE _____
PERFORATION _____
MUD ANCHOR _____

3-03

Unit No.	Rig	Hrs.	Rate
3-03		7	
	P/W		
	5 gal w/gas		

Company Supervisor Edyve Lewis

Foreman _____



CHARGE TO: **TREK Acc.**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 25341

SERVICE LOCATIONS
 1. **Ways, Ks.**
 2. **Ness City, Ks.**
 3.
 4. REFERRAL LOCATION

WELL/PROJECT NO. **A#2** LEASE **Ostmyer** COUNTY/PARISH **Rook** STATE **Ks** CITY DATE **3-3-14** OWNER **Same**

TICKET TYPE SERVICE SALES CONTRACTOR **P.P.S.** RIG NAME/NO. SHIPPED VIA **cht** DELIVERED TO **Location** ORDER NO.

WELL TYPE **oil** WELL CATEGORY **OWWO** JOB PURPOSE **PTA** WELL PERMIT NO. WELL LOCATION

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			U/M		U/M	
575		1			MILEAGE #111	50	mi	6	00	300 00
576P		1			Pump Charge (PTA)	1	ea	3434	1000	1000 00
290		1			D-Air	3	bu		42	126 00
275		1			Cotton seed hulls	6	skt		32	192 00
328-4		2			60/40 Poz mix 4% gel	285	skt		12	3420 00
581		2			Cement Service Charge	400	skt		2	800 00
583		2			Drayage	837	1/4		1	837 00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X: *T. Howard Star*
 DATE SIGNED **3-3-14** TIME SIGNED **1625** AM PM

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL	6675 00
Rooks TAX 0.15%	410 51
TOTAL	7085 51

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket

SWIFT OPERATOR *Mike Kabe* APPROVAL

Thank You!

CHART NO.	TIME	RATE (GPM)	VOLUME (BRL) (GAL)	PUMPS	T	C	DESCRIPTION OF OPERATION AND MATERIALS
1120							on lease pumps
							2 3/4" x 4 1/2" x 3444
							1st Plug 3434 10000 lbs No 40 4 1/2 gal
							225 # Halls
1155	5	0	100				start cement
1205	5	26/0	400				End Cement / start water
1205	5	5					Balanced
1250	5	0	100				2nd Plug 1655 10000 lbs No 40 4 1/2 gal
1250	5	29/0	500				start cement 225 # Halls
1255	5	1					End Cement / start water
1350	1	55					Top off 4 1/2" 2550 lbs No 40 4 1/2 gal
1405	15	0	0				Hook up to 8 1/2" 5000 lbs No 40 4 1/2 gal
1415	13	0	100				Start Cement
							Shut down
							Shut in
							1 1/2" 2355 lbs No 40 4 1/2 gal
							150 # Halls
							8 1/2" 5000 lbs No 40 4 1/2 gal

Thank you

Nick David E. y Iarrud

JOBLOG
 CUSTOMER: TRICK A.E.C.
 WELL NO: A.2
 LEASE: Ostmeyer
 JOB TYPE: PTA
 TICKET NO: 25541
 DATE: 3-3-14
 PAGE NO: 3