



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

**KANSAS CORPORATION COMMISSION 1238242**  
**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 Invoice

PO Box 486  
Hays, KS 67601  
  
(785) 628-7443  
Cell: (785) 623-3876

Invoice No. 8496  
Invoice Date: January 6, 2015  
Bill To: Trek SOC, LLC  
Address:  
Lease: Kirsten  
Well No: 1  
County: Rush

Description	Hours/Quantity	Rate	Amount
Rig time	11	\$ 195.00	\$ 2,145.00
Wash gas per gallon	3	\$ 2.27	\$ 6.81

Invoice Subtotal	\$	2,151.81
Tax Rate		6.15%
Sales Tax		132.34
Other		
<b>TOTAL</b>	<b>\$</b>	<b>2,284.15</b>

Make all checks payable to Professional Pulling Service, LLC  
Total due in 30 days, overdue accounts subject to a service charge of 1 1/2% per month

Thank you for your business!

P.O. Box 486  
Hays, Kansas 67601  
(785) 628-7443 • Cell: (785) 623-7745

Order No. \_\_\_\_\_

W.S. No. \_\_\_\_\_ Invoice No. \_\_\_\_\_

Company TREA. SOC. LLC

Called By mark

Lease Kirsten 1 Well No. #1

County Rush State KS

Remarks:

12/26/2014 move in Rig up.  
X tubing hole broke stems.  
pull polis Rod. Liner. pull polis Rod  
pull 157 3/4 singles Rod pump  
Rig up. X tubing. pull 130 Jts.  
2 3/4 10' Mdb. Anchor Brake  
well head. clean up. Rig down  
move OFF.

12/29/14 Move in Rig up cementors  
plug well, move off.

Company Supervisor Jesus. Rodriguez.

PUMP 2x3/4 in pump

Make R. w. T.

Size 2x1/2 length 17.

SUBS \_\_\_\_\_

Length \_\_\_\_\_

Size \_\_\_\_\_

RODS \_\_\_\_\_

No. 157

Size 3/4

TUBING \_\_\_\_\_

Joints 130

Size 2 3/8 Thread Rd.

PUPS \_\_\_\_\_

Length \_\_\_\_\_

BARREL \_\_\_\_\_

Length \_\_\_\_\_

SEATING NIPPLE 2 3/8 x 10'

PERFORATION \_\_\_\_\_

MUD ANCHOR 2 3/8 x 10'

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. 5 12/26 Hrs. 9 Rate 9/95

12/29 Hrs. 2 Rate 9/95

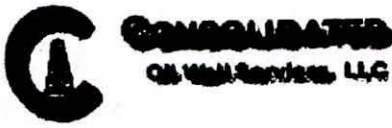
3 Gallon was GAS

Hrs. \_\_\_\_\_ Rate \_\_\_\_\_

Hrs. \_\_\_\_\_ Rate \_\_\_\_\_

Hrs. \_\_\_\_\_ Rate \_\_\_\_\_

Foreman \_\_\_\_\_



**REMIT TO**  
 Consolidated Oil Well Services, LLC  
 Dept:970  
 P.O.Box 4346  
 Houston, TX 77210-4346

MAIN OFFICE  
 P.O.Box884  
 Chanute,KS 66720  
 620/431-9210,1-800/467-8676  
 Fax 620/431-0012

Invoice

Invoice# 802814

Invoice Date: 12/31/14

Terms: Net 30

Page 1

TREK AEC, LLC

4925 Greenville Ave., St. 915  
 Dallas TX 75206  
 USA  
 2143730318

**KRISTEN #1**

Part No	Description	Quantity	Unit Price	Discount(%)	Total
5406	Mileage Charge	35.000	5.2500	10.000	165.38
5407	Min. Bulk Delivery Charge	1.000	430.0000	10.000	387.00
1131	60/40 Poz Mix	140.000	15.8600	10.000	1,998.36
1118B	Premium Gel / Bentonite	481.000	0.2700	10.000	116.88
1107	Flo-Seal	35.000	2.9700	10.000	93.56
1105	Cottonseed Hulls	50.000	0.5800	10.000	26.10
5405A	P & A Old Wells	1.000	875.0000	10.000	787.50

Subtotal 3,971.97

Discounted Amount 397.20

SubTotal After Discount 3,574.77

Amount Due 4,124.69 If paid after 01/30/15

Tax: 137.45

Total: 3,712.23





PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

1650  
1602

TICKET NUMBER 47886  
LOCATION Oskley Ks  
FOREMAN Jerry Y

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
12-29-14	7994	Kristen #1	27	16s	20N	Rush																				
CUSTOMER			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>731</td> <td>Jeremy R</td> <td></td> <td></td> </tr> <tr> <td>528 T127</td> <td>Collins</td> <td></td> <td></td> </tr> <tr> <td>9551st</td> <td>Rob S</td> <td></td> <td></td> </tr> <tr> <td>9552st</td> <td>Kerby C</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	731	Jeremy R			528 T127	Collins			9551st	Rob S			9552st	Kerby C		
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MAILING ADDRESS			M'Cluckm E to 130 1/2 S E into																							
CITY	STATE	ZIP CODE																								

JOB TYPE OHP HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting & rig up on well head to kick in rate 366lpm @ 800'  
plug as ordered with 140 sks 60/40  
Mix 80 sks from 45 sks with 50# hulls > shut in  
15 sks backside

Thank you  
Jerry screw

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 A	1	PUMP CHARGE	875 <sup>00</sup>	875 <sup>00</sup>
5406	35	MILEAGE	5 <sup>25</sup>	183 <sup>75</sup>
5407	6.0	ton mileage delivery (min)	430 <sup>00</sup>	430 <sup>00</sup>
1131	140 sks	60/40 port mix	15 <sup>85</sup>	2220 <sup>00</sup>
118b	481 #	gel	22	129 <sup>87</sup>
1107	35 #	flocul	292	103 <sup>05</sup>
1105	50 #	cotton seed hulls	58	29 <sup>00</sup>
			Subtotal	3971 <sup>92</sup>
			less 10% disc	397 <sup>9</sup>
				3574 <sup>78</sup>
			SALES TAX	137.45
			ESTIMATED TOTAL	3712.23

AUTHORIZATION [Signature] TITLE [Signature] DATE 12-29-14

I acknowledge that the payment 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.