



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

KANSAS CORPORATION COMMISSION 1259053
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.

(Print Name) Employee of Operator or Operator on above-described well,

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 Trek AEC

Called By _____

Lease Clifford Well No. 5410

County Gore State Kr.

Remarks: Well Plogged. 2 1/2 csw.

* 7-07 Drive rig to loc R/Lu shut
 down drive in X X X X X

* 7-08 Drive to loc Ran D/B 52
 Jts 1" Tallyed to 1558 trip out
 Ran 52 Jts open end Circulate
 30 min shut down drive in.

X X X X X X X X X X

* 7-09 Drive to loc R/Lu cement crew
 Circulate, pump cement R/Lu, C/C
 trip out pump cement down csw.
 Clean tools & loc R/Lu Move
 off.

Company Supervisor Clyde Linn

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
		7-07	
		3	
7-08		7-08	
40ape x2		9.5	
1 1/2 lid elevators??		7-09	
5 gal w/gas		6.5	
7-09			
5 gal w/gas			

Foreman _____



CHARGE TO TREK RESOURCES (AEC)
ADDRESS
CITY, STATE, ZIP CODE

TICKET 28607

PAGE 1	OF 1
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SERVICE LOCATIONS 1. NESS CITY, KS	WELL/PROJECT NO.	LEASE CLIFFORD A#1	COUNTY/PARISH GOVE	STATE KS	CITY PENDENNIS, KS	DATE 9 July 15	OWNER
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR PROFESSIONAL Pulling	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
3.	WELL TYPE DISPOSAL	WELL CATEGORY ABANDON	JOB PURPOSE PTA	WELL PERMIT NO.	WELL LOCATION 7N 1/2 E 12N E TOTO		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			U/M			
575					MILEAGE #115	50	mi	5.00		250.00
576P					Pump CHARGE	1	hr	800.00		800.00
290					D-AIR	1	hr	42.00		42.00
328-4					60/40 PERM 1/2% GFL	100	sq	10.25		1025.00
581					CEMENT SERVICE CHARGE	100	sq	1.50		150.00
582					BRILLIUM DRAYAGE	9370	lbs	207.35	TM	250.00

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 *[Signature]*
 DATE SIGNED **9 July 15** TIME SIGNED **1230**
 A.M.
 P.M.

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	2517.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

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

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE July 15 PAGE NO.

CUSTOMER TREK Resources (AEC) WELL NO. 1 LEASE CLIFFORD SWD JOB TYPE PTA TICKET NO.

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0920							ON LOCATION
	0948		4		✓		100	TUBING @ 1550 CHECK ANNULUS - 15 SX
	1012	1/2	11 1/2		✓		400	MIX 45 SX DOWN 1" TUBING - CIRCULATE TO SURFACE.
	1032							PULL TUBING OUT
	1120		6 1/2		✓		1200	TOP WELL OFF W/ 25 SX
	1140							WASH TRUCK
	1155							WASH TUBING OUT
	1230							JOB COMPLETE.
								MIXED ALL 100 SX CMT PLUG WELL W/ 95 SX CMT 60/40 P&Z 4 7/8 C
								THANKS #115
								JASON COLE PRESTON