

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

KANSAS CORPORATION COMMISSION
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

Quality Well Service, Inc.

Invoice

**PO Box 468
Pratt, KS 67124**

Date	Invoice #
1/11/2018	C-1694

Bill To
Trek AEC, LLC 4925 Greenville Ave, Ste.915 Dallas, TX 75206

P.O. No.	Terms	Lease Name
		Scully #6-34

Description	Qty	Rate	Amount
Common	100	15.50	1,550.00T
Poz	65	9.50	617.50T
Gel	6	22.00	132.00T
Plug	1	950.00	950.00T
Handling	0	2.10	0.00T
.08 * sacks * miles	0	0.08	0.00T
Service Supervisor	1	150.00	150.00T
LMV	5	3.75	18.75T
Heavy Equipment Mileage	5	8.00	40.00T
Customer Discount		-1,210.38	-1,210.38
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Scully A #6-34 Marion Co.			

Thank You for your business!	Subtotal	\$2,247.87
	Sales Tax (8.0%)	\$179.83
	Total	\$2,427.70

Quality Well Service, Inc.

Invoice

PO Box 468
Pratt, KS 67124

Date	Invoice #
1/11/2018	1978

Bill To
Trek AEC, LLC 4925 Greenville Ave, Ste.915 Dallas, TX 75206

P.O. No.	Terms	Lease Name
		Scully A #6-34

Description	Qty	Rate	Amount
Rig Time	11	180.00	1,980.00T
Sand	1	35.00	35.00T
Cement	5	12.00	60.00T
Welding	2	75.00	150.00T
Backhoe	3	80.00	240.00T
Phone Calls	1	20.00	20.00T
Clerical	1	25.00	25.00T
Wood lay down	1	20.00	20.00T
Scully A #6-34 Marion Co.			
12/21/17: Drove to location, rigged up, pulled tubing, tore down rig, came back and sanded off bottom, loaded hole with water, dug cellar and pit.			
12/29/17: Rigged up, perforated well at 250', ran tubing to 250', pumped 60 sacks cement, circulated out casing, pulled tubing out, hooked up to 5 1/2" casing, pumped 105 sacks, circulated to surface, tore down rig, cut well off 4' below ground.			

Thank You for your business!	Subtotal	\$2,530.00
	Sales Tax (8.0%)	\$202.40
	Total	\$2,732.40

QUALITY WELL SERVICE, INC.

6778

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	Sec.	Twp.	Range	County	State	On Location	Finish
12-29-17	18	2	34	Marion	KS		
Lease Scully A	Well No. 6-34		Location				
Contractor Quality Well Service	Owner			To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Type Job PTA	Hole Size			T.D.			
Csg 5.5	Depth			Charge To Trek.			
Tbg. Size	Depth			Street			
Tool	Depth			City		State	
Cement Left in Csg.	Shoe Joint			The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line	Displace			Cement Amount Ordered 165 sx 60/40 4% gel			
EQUIPMENT							
Pumptrk 8 No.	Common			100			
Bulktrk 7 No.	Poz. Mix			65			
Bulktrk No.	Gel.			6			
Pickup No.	Calcium						
JOB SERVICES & REMARKS							
Rat Hole	Hulls						
Mouse Hole	Salt						
Centralizers	Flowseal						
Baskets	Kol-Seal						
D/V or Port Collar	Mud CLR 48						
1 st Ran tubing to 250' pumped 60 sx 60/40 4% gel circulated out 5.5 csg pulled tubing out	CFL-117 or CD110 CAF 38						
	Sand						
	Handling			0			
	Mileage			5			
FLOAT EQUIPMENT							
2 nd Hooked up to 5.5 csg pumped 10.5 sx 60/40 4% gel circulated out 8 5/8	Guide Shoe						
	Centralizer						
	Baskets						
	AFU Inserts						
	Float Shoe						
	Latch Down						
	LMV			5			
	Service Supervisor						
	Pumptrk Charge			PTA.			
	Mileage			5.			
						Tax	
						Discount	
X Signature						Total Charge	

