

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

SUNFLOWER WELL SERVICE, INC.
P.O. BOX 341
CANTON, KS 67428-0341
PH. (620) 628-4723
FAX (620) 628-7911

INVOICE

TO: Trek AEC, LLC
4925 Greenville Ave., Ste 915
Dallas, TX 75206

INVOICE	INVOICE NUMBER	LEASE NAME	
03-21-18	3528	Scully A-3	
DATE	DESCRIPTION	UNIT PRICE	TOT INV
03/07/18	MOVED TO LOCATION: Rigged up, Took screw pump motor off, Pulled rods, Found rod parted on 105 th rod, Shut down.		
	Rig & Crew 4 hrs	\$205 per hr	\$ 820.00
03/08/18	Had backhoe dig out surface head and a pit, Pulled out 75 joints of wet tubing to 1" rods, Could not get screw to pull out, Pulled 10 joints wet, Had to cut 1" rods with a cutting wheel, Pulled 15' 3" sub and 4-1/2" stater with screw in it, Ran dump bailer, Found T.D. at 2925', Sanded back to 2875', Shut down.		
	Rig & Crew 10 hrs	\$205 per hr	\$2,050.00
	5 sacks of cement plus sand for bottom plug		\$ 75.00
	Cutting torch to cut surface and casing		\$ 80.00
	Power tongs		\$ 50.00

THANK YOU FOR YOUR BUSINESS!!!

SubTotal	\$3,075.00
Sales Tax 8.00%	246.00
TOTAL	\$3,321.00

TERMS: NET 30 1.5% WILL BE ADDED AFTER 30 DAYS FROM
DATE OF INVOICE. PLEASE PAY FROM THIS INVOICE.

SUNFLOWER WELL SERVICE, INC.

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INVOICE

TO: Trek AEC, LLC
4925 Greenville Ave., Ste 915
Dallas, TX 75206

INVOICE	INVOICE NUMBER	LEASE NAME	
03-21-18	3529	Scully A-3	
DATE	DESCRIPTION	UNIT PRICE	TOT INV
03/12/18	Tagged sand at 2875', Put 5 sacks of cement on top, Cut 5-1/2" slips and surface out with cutting torch, Perforated 5-1/2" casing at 250', Shut down.		
	Rig & Crew 3 hrs	\$205 per hr	\$ 615.00
03/14/18	rigged up cement trucks and tied onto 5-1/2" casing, Broke circulation, Cemented to surface, Washed up, Rigged down.		
	Rig & Crew 2 hrs	\$205 per hr	\$ 410.00
	Tank truck- hauled water for cement & emptied pits		\$ 280.00

THANK YOU FOR YOUR BUSINESS!!!

SubTotal	\$1,305.00
Sales Tax 8.00%	104.40
TOTAL	\$1,409.40

TERMS: NET 30 1.5% WILL BE ADDED AFTER 30 DAYS FROM DATE OF INVOICE. PLEASE PAY FROM THIS INVOICE.



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

10244
 10138

TICKET NUMBER 54858
 LOCATION Feldorado KS
 FOREMAN Austin

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-14-18	7994	SULLIVAN A #3	34	18	2E	Mcpherson
CUSTOMER Took AEC LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 155 N. market Street 710			866	Austin		
CITY Wichita			2/16	Jeremy		
STATE KS			775	Tracy		
ZIP CODE 67202						

JOB TYPE Plug B HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 250 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting bullheaded 5 1/2 Casing Hds shot @ 20 broke Circulation Around the surface then pumped 85 sls Around Surface Hole and collar standing full

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	75	MILEAGE	7.15	536.25
CE0001	75	pickup mileage	3.00	225.00
CE0711	1	min Bulk delivery	660.00	660.00
CCS929	85	60/40 4%	16.00	1360.00
CCS325	100	Calcium Chloride	1.25	125.00
		Subtotal	=	4406.25
		Discount	40%	1762.50
		total		= 2643.75
		SALES TAX		= 71.28
		ESTIMATED TOTAL		2715.03

AUTHORIZATION [Signature] TITLE _____ DATE _____

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.