

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	3527	Scully A-4
DATE	DESCRIPTION	TOT INV

03/06/18	MOVED TO LOCATION: Rigged up, Broke well down, Rigged up ESP cable spooler, Pulled tubing and cable (cutting bands), Pulled ESP pump, Ran dump bailer, Found T.D. at 2920', Sanded back to 2870', Put 5 sacks of cement on top of sand, Shut down.		
	Rig & Crew 8 hrs	\$205 per hr	\$1,640.00
03/07/18	Cut out 5-1/2" slips and surface with cutting torch, Cement was already to surface on back side, Ran bailer, Bailed down to 350', Cemented to surface, Rigged down.		
	Rig & Crew 5 hrs	\$205 per hr	\$1,025.00
	5 sacks of cement plus sand for bottom plug		\$ 75.00
	Cutting torch to cut surface and slips		\$ 80.00

THANK YOU FOR YOUR BUSINESS!!!

SubTotal	\$2,820.00
Sales Tax 8.00%	225.60
TOTAL	\$3,045.60

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

10247
 1039

TICKET NUMBER 54859
 LOCATION Eldorado KS
 FOREMAN Austin

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-14-18	7094	Scully # 24	34	185	2E	McPherson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Trak AEC LLC			866	Austin		
MAILING ADDRESS			246	Jeremy		
155 N. Market Suite 310			725	Tracy		
CITY	STATE	ZIP CODE				
Wichita	KS	67202				

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

REMARKS: Safety meeting held discharge hose over the casing and topped of with 25 SKS
Cement casing standing full

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE2003	1	PUMP CHARGE	350.00	350.00
CE0002	1	MILEAGE	7.15	N/C
CC5829	25	60140 490	16.00	400.00
		Subtotal	=	752.00
		Discount	40%	300.00
		total		452.00
		SALES TAX		19.20
		ESTIMATED TOTAL		471.20

Rev/A 3737

AUTHORIZATION [Signature] TITLE _____ DATE 4/19/20

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.

BUILDERS CONCRETE & SUPPLY, INC.
P.O. BOX 225
NEWTON, KS 67114-0225
(316) 283-6580 TOLL FREE 1-800-499-4540

INVOICE

Page 1

RECORDED

MAR 13 2018

Customer No. 60194
Invoice Date 3/9/2018
Invoice Number 56701
Job Id
Credit Terms Net 30 Days

TREK AEC, LLC
ONE ENERGY SQUARE
4925 GREENVILLE AVE, SUITE 915
DALLAS TX 75206

SCULLY A4

Date	Ticket	Qty	Description	Price	Amount
03/07/18	408785	2.00 CY	OIL WELL GROUT - HILLSBORO	194.00	388.00 *
03/07/18	408785	1.00 EA	MIN LOAD CHG < 4.25 YDS/HILLSBORO	40.00	40.00 *
03/07/18	408785	1.00 EA	FUEL SURCHARGE - HILLSBORO 4N OF HILLSBORO TAKE CUR	3.50	3.50 *

Total Cubic Yards 2.00

We will NOT be responsible for all quality issues on concrete subjected to DE-ICING CHEMICALS. DE-ICING chemicals DESTROY concrete! THANK YOU ! ACCT REC (316) 283-6580	Sub-Total	431.50
	Sales Tax- 40	34.52
	Invoice Total	466.02

"Transit Mixed Concrete"
BUILDERS CONCRETE AND SUPPLY, INC.

505 W. 1st, P.O. Box 225
 Newton, KS 67114

Phone (316) 283-4540

IMPORTANT
 We cannot be held responsible for damage caused by
 when delivering material beyond the curb line. Not
 for quality of concrete if water is added by purchase

CAUTION: Freshly mixed cement, mortar, grout or
 may cause skin irritation. Avoid direct contact where
 and wash exposed skin areas promptly with water.
 If any cementitious material gets into the eye, rinse immediately
 and repeatedly with water and get prompt medical attention

KEEP OUT OF REACH OF CHILDREN
 EXTRA CHARGE FOR EXCESS UNLOADING
 TIME

SIGN HERE

RECEIVED ALL MATERIAL IN GOOD CONDITION

PLANT 04	MIX NO. M50180WG	YARDS 2	TRUCK d 1	TEMPERATURE	TIME 12:35	DATE 3/7/18	TICKET NO. 408785
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CUSTOMER NAME TREK AEC, LLC ONE ENERGY SQUARE DALLAS TX 75206	DELIVERY ADDRESS 4N OF HILLSBORD TAKE CUR VE EAST TANK BATTERY TURN N	CUST. PO NO.	NOTES
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SLUMP 8.00 in	DESCRIPTION 50180WG	YARDS ORDERED 2	YARDS DELIVERED 2	LOADS DELIVERED 1
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QUANTITY	ITEM	PRICE	AMOUNT
2.00 yd	M50180WG		
1.00 ea	SURCHARG		

Thank You!

This concrete is designed in accordance with ACI standards. Mix strengths noted on orders/invoices indicate cylinder strengths of previous mixes, cured in labs or approved curing conditions whose slump does not exceed 4". These cylinders were prepared/tested by qualified technicians. Any water added to this design will be at purchaser's risk.

All claims and returned goods must be accompanied by this bill. All accounts due and payable 10th of following month. All accounts not paid in 30 days, interest charge 1 1/2% per month. (An Annual Percentage Rate 18%.)

MDSE. TOTAL	
SALES TAX	
TOTAL AMT. DUE	

Extra water added _____ Gals.