

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



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

10342
 10434

TICKET NUMBER 55340
 LOCATION Eldorado KS
 FOREMAN Austin

FIELD TICKET & TREATMENT REPORT API 19-025-0000
CEMENT API 15-185-200-44-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-27-18	7994	Scully A 2-34	34	18	2E	marion
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
16K AEC			866	Austin		
MAILING ADDRESS			446	Jeremy		
155 N Market Suite 910			735	Jude		
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 ran 1" in surface set @ 175' broke circulation then pumped 25 SKS to surface then 2 3/8 tubing in casing set @ 250' then pumped 35 SKS to surface All standing full

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	60	MILEAGE	7.15	429.00
CE0711	1	min bulk delivery	660.00	660.00
CC5829	100	60.140 49%	16.00	1600.00
CC5325	100	Calcium Chloride	1.25	125.00
		Subtotal	=	4134.00
		Discount	40%	1725.60
		total		= 82.80
		SALES TAX		2549.40
		ESTIMATED TOTAL		2671.20

16400

Ravin 3737

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.

SUNFLOWER WELL SERVICE, INC.

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

*Cementing
 consolidated*

INVOICE

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

INVOICE	INVOICE NUMBER	LEASE NAME	
05-02-18	3605	Scully A 34-2	
DATE	DESCRIPTION	UNIT PRICE	TOT INV
04/25/18	MOVED TO LOCATION: Rigged up, Pulled 75 joints of 1-1/2" tubing, Pulled 2-7/8" tubing and packer, Ran dump bailer, Found T.D. at 2500', Dumped sand, Shut down. Rig & Crew 8 hrs	\$205 per hr	\$1,640.00
04/26/18	Ran bailer, Found sand at 2400', Dumped 5 sacks of cement on sand, Dug surface out, Cut casing head and surface off, Ran 1" tubing down surface, Stacker out at 175', Ran 2-7/8" tubing down casing to 250', Shut down. Rig & Crew 6 hrs	\$205 per hr	\$1,230.00
04/27/19	Pumped down 1" tubing, Loaded hole, Circulated 75 sacks of cement to surface, Circulated 25 more to surface, Pulled tubing, Washed up, Rigged down. Rig & Crew 4 hrs	\$205 per hr	\$ 820.00
	Sand and cement for bottom plug		\$ 80.00
	Cutting equipment to cur surface and casing		\$ 80.00
	Power tongs		\$ 50.00

THANK YOU FOR YOUR BUSINESS!!!

SubTotal	\$3,900.00
Sales Tax 8.00%	312.00
TOTAL	\$4,212.00

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