

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	
08-08-18	3627	Kinney #7	
DATE	DESCRIPTION	UNIT PRICE	TOT INV
07/27/18	MOVED TO LOCATION: Rigged up, Pulled and singles rods out, Pulled tubing wet and laid down, Ran dump bailer, Found T.D. at 2855', Dumped sand for bottom plug, Shut down.		
	Rig & Crew 8 hrs	\$205 per hr	\$1,640.00
08/01/18	Ran bailer, Found sand at 2800', Dumped 5 sacks of cement on sand plug, Dug surface head out, Tried to pull casing slips, Had to cut surface to get slips out, Ran 1" tubing down surface to 280', Ran 2-3/8" tubing down 5-1/2" casing to 270', Broke circulation on 1" tubing, Circulated cement to surface, Pulled 1" tubing, Circulated cement on 2" tubing to surface, Pulled 2" tubing, Topped off, Washed up, Rigged down.		
	Rig & Crew 8 hrs	\$205 per hr	\$1,640.00
	Power tongs		\$ 25.00
	5 sacks Cement		\$ 62.50
	Sand for bottom plug		\$ 20.00
	Cutting equipment to cut pipe		\$ 100.00
	Tank truck to cement with and empty pit		\$ 250.00
THANK YOU FOR YOUR BUSINESS!!!			
		SubTotal	\$3,737.50
		Sales Tax 8.00%	299.00
		TOTAL	\$4,036.50

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

11246
 11135

TICKET NUMBER 54556
 LOCATION Eldorado KS
 FOREMAN Austin

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-1-18	7994	Kinney #17	7	21	3	McPherson
CUSTOMER Trek AEC LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 700 W Douglas Suite 101			866	Austin		
CITY Wichita			760	Chris		
STATE KS			548	Harold		
ZIP CODE 67202						

JOB TYPE Plug B HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 270/280 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety inserting Hooked up to 1" pipe set @ 280' then broke Circulation then pumped around 60 SKS Cement to Surface then hooked up to tubing set @ 270' broke Circulation then pumped 65' SKS to Surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	50	MILEAGE	7.15	357.50
CE0411	1	min bulk delivery	160.00	160.00
CC5829	125	60/40 4%	16.00	2000.00
CC5325	100	Calcium chloride	1.25	125.00
CC6080	40	Cotton Seed Hulls	1.00	40.00
				4682.50
				1638.87
		Disc 35%		
				117.58

SCANNED

SALES TAX 117.58
 ESTIMATED TOTAL 3043.91
 DATE 8/1 3156.21

Revin 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.