

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



1023 Reservation Road
Hays, KS 67601-3982

INVOICE
11778

Office 785-625-1118 Fax 785-625-1180

Trek AEC, LLC 37900
4925 Greenville Ave, Ste 915
Dallas, TX 75206

Date 1/31/2019
Lease Dopita A
Well 5
County Rooks
State KS

Date	Work Ticket	Hr/Qty	Description	Unit Price	TOTAL
1/29/19	11202	8.0	Rig 25, Operator, Hands, Travel	Plug \$ 200.00	\$ 1,600.00
		1.0	Thread Dope	\$ 25.00	\$ 25.00
1/30/19	11203	8.0	Rig 25, Operator, Hands, Travel	\$ 200.00	\$ 1,600.00
		5.0	Wash Solvent (gal)	\$ 5.00	\$ 25.00
SubTotal					\$ 3,250.00
Tax 7.00%					\$ 227.50
\$ 3,477.50					



We appreciate your Business !

WESTERN WELL SERVICE

Hays, KS 67601 • 785-625-1118

WORK TICKET

New Well

No 11202

Old Well

Rig # 25

Date 1-29-19

Complete

Incomplete

Well # _____

Rng _____

State KS

26

Company Trek Oil
 Address _____
 City / State _____

Job Type Plug
 Lease _____
 Sec. _____ Twp. _____
 Zip Code _____ County Rees

Position	Name	Hrs. Revenue	Travel	Non Revenue	Total Hrs Wkd
Operator	<u>Alan</u>	<u>8</u>		<u>2</u>	<u>10</u>
Derrick Hand	<u>Nathan F</u>	<u>8</u>		<u>2</u>	<u>10</u>
Floor Hand	<u>Don Hein</u>	<u>8</u>		<u>2</u>	<u>10</u>

JTS.	PULLED	WELL EQUIPMENT	JTS.	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

Drove to location rig down moved to next gas backside
connections in 90+ tubing moved in rigged up talked in
tagged at 3169 pulled up 3 shut down drove to shop

pulled out rods to 718 on rig 23

Swab Cups No. _____ Size _____ Type _____ Per Each _____
 Swab Cups No. _____ Size _____ Type _____ Per Each _____
 Misc. 1 trip dope
 Misc. _____

Company Representative _____ Date _____

WESTERN WELL SERVICE

Hays, KS 67601 • 785-625-1118

WORK TICKET

New Well

No 11203

Old Well

Rig # 25

Date 1-30-19

Complete

Incomplete

Well # 5

Rng _____

State KS

NH

Company Tie H Oil
 Address _____
 City / State _____

Job Type Plug
 Lease Opita A
 Sec. _____ Twp. _____
 Zip Code _____ County Rock State KS

Position	Name	Hrs. Revenue	Travel	Non Revenue	Total Hrs Wkd
Operator	<u>Alan</u>	<u>8</u>			<u>8</u>
Derrick Hand	<u>Nathan F</u>	<u>8</u>			<u>8</u>
Floor Hand	<u>Dalton</u>	<u>8</u>			<u>8</u>

JTS.	PULLED	WELL EQUIPMENT	JTS.	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

Drive to location got rubber Stabbed pumped 100 sacks
Cement at 3160 pulled up to 2275 pumped 50 sacks
pulled up to 700 circulated cement pulled out of hole
topped off checked backside of casing cleaned up
rig down moved to shop

Swab Cups No. _____ Size _____ Type _____ Per Each _____
 Swab Cups No. _____ Size _____ Type _____ Per Each _____
 Misc. 5 gallon wash gas
 Misc. _____

Company Representative _____

Date _____

