

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.

(Print Name) Employee of Operator or Operator on above-described well,

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

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
9/3/2020	2295

Bill To
Trek AEC, LLC 1020 E Levee St., Ste 130 Dallas, TX 75207

P.O. No.	Terms	Lease Name
		Peel #1

Description	Qty	Rate	Amount
Rig Time	8	185.00	1,480.00T
Cement	5	12.00	60.00T
Welding	2	75.00	150.00T
Backhoe	5	90.00	450.00T
Phone Calls	1	20.00	20.00T
Clerical	1	25.00	25.00T
Peel #1 McPherson Co			
8/26/20: Drove to location. Rigged up. Sanded off bottom. Loaded hole with water. Dug cellar and pit. Checked sand at 3,276'. Bailed 5 sacks cement on sand. Perforated 250'. Ran tubing to 250'. Pumped 45 sacks. Circulated out casing. Pulled tubing out. Swedged in. Pumped 75 sacks cement to surface. Drove home.			
8/27/20: Tore down. Cut off well 4' below ground. Topped off 15 sacks cement. Backfilled cellar and pit.			

Thank You for your business!	Subtotal	\$2,185.00
	Sales Tax (8.0%)	\$174.80
	Total	\$2,359.80

Quality Well Service, Inc.

Invoice

**PO Box 468
Pratt, KS 67124**

Date	Invoice #
9/3/2020	C-2422

Bill To
Trek AEC, LLC 1020 E Levee St., Ste 130 Dallas, TX 75207

P.O. No.	Terms	Lease Name
		Peel #1

Description	Qty	Rate	Amount
Common	135	15.50	2,092.50T
Plug/Pump Charge	1	950.00	950.00T
Handling	135	2.10	283.50T
.08 * sacks * miles	6,750	0.08	540.00T
Service Supervisor	1	150.00	150.00T
LMV	50	3.75	187.50T
Heavy Equipment Mileage	100	8.00	800.00T
Customer Discount		-1,751.22	-1,751.22
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Peel #1 McPherson Co			

Thank You for your business!

Subtotal	\$3,252.28
Sales Tax (8.0%)	\$260.18
Total	\$3,512.46

QUALITY WELL SERVICE, INC.

7496

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	8-26-20	Sec.	11	Twp.	19	Range	2	County	McPherson	State	KS	On Location	Finish
Lease	Peel	Well No.	1	Location									
Contractor	Quality Well Service							Owner					
Type Job	PTA.							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.					
Hole Size	T.D.							Charge To					
Csg.	5.5							Trek					
Tbg. Size	Depth							Street					
Tool	Depth							City State					
Cement Left in Csg.	Shoe Joint							The above was done to satisfaction and supervision of owner agent or contractor.					
Meas Line	Displace							Cement Amount Ordered 135 sy Common					
EQUIPMENT													
Pumptrk	8	No.		Common 135									
Bulktrk	7	No.		Poz. Mix									
Bulktrk		No.		Gel.									
Pickup		No.		Calcium									
JOB SERVICES & REMARKS													
Rat Hole	Hulls												
Mouse Hole	Salt												
Centralizers	Flowseal												
Baskets	Kol-Seal												
D/V or Port Collar	Mud CLR 48												
1st. Ann tubing to 250' pumped													
455 sy @ Common cement. recirculated													
out 5.5 csg.													
2nd Pumped 755 sy cement circulated													
to surface.													
FLOAT EQUIPMENT													
Guide Shoe													
Centralizer													
Baskets													
AFU Inserts													
Float Shoe													
Latch Down													
LMW 50													
Service Supervisor													
Pumptrk Charge PTA													
Mileage 100													
											Tax		
											Discount		
											Total Charge		
<input checked="" type="checkbox"/> Signature													