

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

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
9/4/2020	2296

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

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

Description	Qty	Rate	Amount
Rig Time	9	185.00	1,665.00T
Sand	1	35.00	35.00T
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
Friesen #1 Marion Co 8/27/20: Drove to location. Rigged up. Checked hole. Sanded off bottom. Loaded hole with water. Drove home. 8/28/20: Drove to location. Dug cellar and pit. Checked sand at 2,760'. Bailed 5 sacks cement. Perforated 250'. Ran tubing to 250'. Pumped 60 sacks cement. Cement circulated out 5 1/2 casing. Swedged in. Pumped 60 sacks cement. Circulated out surface. Tore down rig. Cut well off 4' below ground. Topped off well with 10 sacks cement. Filled cellar and pit.			

Thank You for your business!	Subtotal	\$2,405.00
	Sales Tax (8.0%)	\$192.40
	Total	\$2,597.40

Quality Well Service, Inc.

Invoice

**PO Box 468
Pratt, KS 67124**

Date	Invoice #
9/4/2020	C-2423

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

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

Description	Qty	Rate	Amount
Common	130	15.50	2,015.00T
Plug/Pump Charge	1	950.00	950.00T
Handling	130	2.10	273.00T
.08 * sacks * miles	6,500	0.08	520.00T
Service Supervisor	1	150.00	150.00T
LMV	50	3.75	187.50T
Heavy Equipment Mileage	100	8.00	800.00T
Customer Discount		-1,713.43	-1,713.43
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Friesen #1 Marion Co			

Thank You for your business!	Subtotal	\$3,182.07
	Sales Tax (8.0%)	\$254.57
	Total	\$3,436.64

QUALITY WELL SERVICE, INC.

7497

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	8-28-20	Sec.	18	Twp.	21	Range	3	County	Marion	State	KS	On Location	Finish
Lease	Friesen		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.					
Csg.	5.5		Depth				Charge To						
Tbg. Size								Trek					
Tool								Street					
Cement Left in Csg.								Depth					
Meas Line								City					
							State						
							The above was done to satisfaction and supervision of owner agent or contractor.						
							Cement Amount Ordered						
							1305x Common						
EQUIPMENT													
Pumptrk	6	No.					Common 130						
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 Pumped 60sx common cement							CFL-117 or CD110 CAF 38						
2) 250' circulated out 5.5 csg							Sand						
							Handling 130						
							Mileage 50						
2nd. Hooked up to 5.5 csg pumped							FLOAT EQUIPMENT						
60sx common cement circulated							Guide Shoe						
out surface							Centralizer						
							Baskets						
3rd Topped well off with 10sx							AFU Inserts						
common cement							Float Shoe						
							Latch Down						
							LMV 50						
							Service Supervisor						
							Pumptrk Charge PTA						
							Mileage 100						
							Tax						
							Discount						
X Signature							Total Charge						