

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

Form	CP4 - Well Plugging Record
Operator	Trek AEC, LLC
Well Name	K BROWN 8
Doc ID	1587130

Producing Formations

Formation	Top	Bottom	Total Depth
Lansing/Kansas City	3151	3157	3515
Lansing/Kansas City	3153	3155	3515
Lansing/Kansas City	3168	3170	3515
Lansing/Kansas City	3205	3207	3515
Lansing/Kansas City	3215	3219	3515
Lansing/Kansas City	3324	3327	3515



QUALITY OILWELL CEMENTING, INC.

PO Box 32 - 740 West Wichita Ave, Russell KS 67665
 Phone:785-324-1041 fax:785-483-1087
 Email: cementing@ruraltel.net

Date: 8/11/2021
 Invoice # 2408

P.O.#:

Due Date: 9/10/2021

Division: *Russell*

Invoice

ENTERED

Contact:
 TREK AEC, LLC
 Address/Job Location:

4925 GREENVILLE AVE, SUITE 915
 DALLAS TX 75206

Reference:
 K BROWN 8 SEC 16-10-16

Description of Work:
 PLUG JOB

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 684.02	Yes				
Common-Class A	150	\$ 2,369.00	Yes				
POZ Mix-Standard	100	\$ 536.67	Yes				
Premium Gel (Bentonite)	21	\$ 466.90	Yes				
Bulk Truck Matl-Material Service Charge	325	\$ 249.17	Yes				
Cottonseed Hulls	7	\$ 180.86	Yes				
Pump Truck Mileage-Job to Nearest Camp	42	\$ 144.90	Yes				
Bulk Truck Mileage-Job to Nearest Bulk Plant	42	\$ 112.70	Yes				

Invoice Terms:

Net 30

	SubTotal:	\$	4,744.21
	Discount Available <u>ONLY</u> if Invoice is Paid & Received within listed terms of invoice:	\$	(118.61)
<hr/>			
	SubTotal for Taxable Items:	\$	4,625.60
	SubTotal for Non-Taxable Items:	\$	-
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	Total:	\$	4,625.60
	Tax:	\$	323.79
	Amount Due:	\$	4,949.39
	Applied Payments:		
	Balance Due:	\$	4,949.39

7.00% Rooks County Sales Tax

Thank You For Your Business!

Past Due Invoices are subject to a service charge (annual rate of 24%)
 This does not include any applicable taxes unless it is listed.
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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 2498

Date	8-11-21	Sec.	16	Twp.	10	Range	16	County	ROCK	State	Ks	On Location		Finish	2:45 PM
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Lease K. BROWN Well No. 5 Location Well 2E 15 into

Lease	<u>K. BROWN</u>	Well No.	<u>5</u>	Owner	To Quality Oilwell Cementing, Inc.
Contractor	<u>chito</u>	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Type Job	<u>PTA</u>				
Hole Size		T.D.		Charge To	<u>TREK AEC LLC</u>
Csg.	<u>5 1/2</u>	Depth		Street	
Tbg. Size	<u>2 3/8</u>	Depth		City	State
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.		Shoe Joint		Cement Amount Ordered	

Meas Line Displace TSY Gel 500# Hulls 325# 60/40 47

EQUIPMENT				Common
Pumptrk	No.	Cementor Helper	<u>Bill</u>	Poz. Mix <u>100</u>
Bulktrk	No.	Driver	<u>Craig</u>	Gel. <u>21</u>
Bulktrk	<u>15</u>	Driver	<u>DAVID</u>	Calcium <u>350# (7)</u>

JOB SERVICES & REMARKS

Remarks:	Salt
Rat Hole	Flowseal
Mouse Hole	Kol-Seal
Centralizers	Mud CLR 48
Baskets	CFL-117 or CD110 CAF 38
D/V or Port Collar	Sand
<u>3120 TSY Gel 500# Cen</u>	Handling <u>325</u>
<u>1830 CIRC cement 150#</u>	Mileage
<u>100# Hulls</u>	

FLOAT EQUIPMENT

<u>Top off 200#</u>	Guide Shoe
<u>BACK SIDE FULL</u>	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
<u>Used 250#</u>	
<u>350# Hulls</u>	Pumptrk Charge <u>plug</u>
<u>12 TSY Gel</u>	Mileage

Signature <u>Ray Hill</u>	Tax
	Discount
	Total Charge

Thanks!