

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	WILLS 3
Doc ID	1727490

Producing Formations

Formation	Top	Bottom	Total Depth
Lansing	3350	3352	3636
Lansing B	3351	3355	3636
Lansing C	3389	3391	3636
Lansing I	3499	3502	3636
Lansing J	3514	3517	3636
Arbuckle	3599	3607	3636

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. 3760

Date <u>8-24-23</u>	Sec.	Twp.	Range	County <u>ROCKS</u>	State <u>KS</u>	On Location	Finish
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Lease Wills Well No. 3 Location MOCKTON 10th 7th 1st 3rd 4th

Contractor Ch. Co Owner To Quality Oilwell Cementing, Inc.
Type Job PTA 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 TRFK
Csg. 23 Depth _____ Street _____
Tbg. Size _____ Depth _____ City _____ State _____

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 4000 64 10-4

200" HULLS

EQUIPMENT			Common
Pumptrk <u>17</u>	No.	Cement Helper <u>BILL</u>	Poz. Mix
Bulktrk <u>21</u>	No.	Driver <u>JORDAN</u>	Gel.
Bulktrk	No.	Driver <u>DOUG</u>	Calcium

JOB SERVICES & REMARKS

Remarks: _____ Hulls _____
Rat Hole _____ Salt _____
Mouse Hole _____ Flowseal _____
Centralizers _____ Kor-Seal _____
Baskets _____ Mud CLR 48 _____
D/V or Port Collar _____ CFL-117 or CD110 CAF 38 _____
Sand _____
Handling _____
Mileage _____

3300 - 75M 200# HULLS
100M 2W HULLS
1700 - 115M CIRC CEMENT 200# HULLS

FLOAT EQUIPMENT	
Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	
Pumptrk Charge	
Mileage	

TOP OFF 10 SKEL
BACKSIDE 100M 300#
600" HULLS
310 CEMENT

Signature [Signature] Tax _____
Discount _____
Total Charge _____