

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

COPELAND

Acid & Cement

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

INVOICE NUMBER:
C60933-IN

BILL TO:
TREK AEC, LLC
1020 E LEVEE ST
SUITE 130
DALLAS, TX 75207

LEASE: JK WARKENTIN #7

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
10/19/2023	60933		10/11/2023	JK WARKENTIN #7	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
80.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	6.00	480.00
1.00	EA	PUMP CHARGE PLUG		0.00	700.00	700.00
125.00	SK	COMMON CEMENT		0.00	17.50	2,187.50
125.00	EA	BULK CHARGE		0.00	1.25	156.25
235.00	MI	BULK TRUCK - TON MILES		0.00	1.10	258.50
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		3,782.25
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		MANCO Sales Tax:		283.67
RECEIVED BY _____		NET 30 DAYS		Invoice Total:		4,065.92

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.



FIELD ORDER N° C 60933

BOX 438 - HAYSVILLE, KANSAS 67060
316-524-1225

DATE 11-Oct 20 23

IS AUTHORIZED BY: TREK AEC (NAME OF CUSTOMER)

Address _____ City _____ State KS

TO TREAT WELL AS FOLLOWS Lease JK WARKENTIN Well No. 7 Customer Order No. _____

Sec. Twp. _____ Range 7-21S-3E County MARION State KS

CONDITIONS As a part of the consideration hereof it is agreed that Copeland Acid is to service or treat at owners risk the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation expressed or implied and no representations have been relied on as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

_____ Well Owner or Operator By _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0002	80	Mileage P.T.	\$6.00	\$480.00
20.0003	1	Pump Charge Plug	\$700.00	\$700.00
20.1001	125	Common Cement Sack	\$17.50	\$2,187.50
20.0011	125	Bulk Charge	\$1.25	\$156.25
20.0012	235	Bulk Truck Miles	\$1.10	\$258.50
		Process License Fee on	Gallons	
TOTAL BILLING				\$3,782.25

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative GREG C.

Station GB BROCK DAVIS

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

