

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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 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: 10/12/2023
 Invoice # 3952
 P.O.#:
 Due Date: 11/11/2023
 Division: Russell

Invoice

Contact:
 TREK AEC, LLC
Address/Job Location:

1020 E. LEVEE ST., STE 120
 DALLAS TX 75207

Reference:
 STATES 2-33-SEC 33-6-20

Description of Work:
 PLUG JOB

ENTERED

Services / Items Included:

Quantity	Price	Taxable
Labor	\$ 869.52	Yes
Common-Class A	183 \$ 3,673.96	Yes
POZ Mix-Standard	122 \$ 832.29	Yes
Premium Gel (Bentonite)	11 \$ 310.89	Yes
Bulk Truck Matl-Material Service Charge	316 \$ 307.97	Yes
Pump Truck Mileage-Job to Nearest Camp	60 \$ 263.14	Yes
Bulk Truck Mileage-Job to Nearest Bulk Plant	60 \$ 204.66	Yes
Flo Seal	75 \$ 146.19	Yes
Dry Hole Plug	1 \$ 81.86	Yes

Item	Quantity	Price	Taxable
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Invoice Terms:
 Net 30

SubTotal:	\$	6,690.47
Discount Available <u>ONLY</u> if Invoice is Paid & Received within listed terms of invoice:	\$	(167.26)
<hr/>		
SubTotal for Taxable Items:	\$	6,523.20
SubTotal for Non-Taxable Items:	\$	-
<hr/>		
Total:	\$	6,523.21
Tax:	\$	456.62
<hr/>		
Amount Due:	\$	6,979.83
Applied Payments:		
Balance Due:	\$	6,979.83

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

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

No. 3952

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-12-23	33	6	20	Rooks	KC		11:30 AM

Location Logan 68 E 1W

Lease States Well No. 2-33 Owner _____

Contractor Duke 2 To Quality Oilwell Cementing, Inc.
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 PTA Charge To TREK AEC, LLC

Hole Size 73 T.D. _____ Depth _____ Street _____

Csg. _____ Depth _____ City _____ State _____

Tbg. Size _____ 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 30521 60/40 49.601

Meas Line _____ Displace 1/4" FLO Seal

EQUIPMENT			Common
Pumptrk	17	No. Cementer Helper	183
Bulktrk		No. Driver	122
Bulktrk	21	No. Driver	11
		No. Driver	

JOB SERVICES & REMARKS

Remarks: _____ Hulls _____

Rat Hole 30 _____ Salt _____

Mouse Hole 15 _____ Flowseal _____

Centralizers _____ Kol-Seal 75#

Baskets _____ Mud CLR 48 _____

D/V or Port Collar _____ CFL-117 or CD110 CAF 38 _____

3690 _____ Sand _____

1850 _____ Handling 316

1150 _____ Mileage _____

FLOAT EQUIPMENT

40 _____ Guide Shoe _____

15 mH _____ Centralizer _____

30 RH _____ Baskets _____

325 _____ AFU Inserts _____

_____ Float Shoe _____

_____ Latch Down _____

_____ Woodplug - 1 _____

_____ Pumptrk Charge _____

_____ Mileage 60 plug _____

_____ Tax _____

_____ Discount _____

_____ Total Charge _____

X Signature Logan _____ Thanks _____