KOLAR Document ID: 1775736

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 #:			AF	PI No. 1	5							
Name:				Spot Description:								
Address 1:			_	Sec Twp S. R East Feet from North / South Line of Se								
Address 2:			_	Feet from North / South Line of Se								
City:	State:	Zip: +	_	Feet from East / West Line of S								
Contact Person:			Fo	Footages Calculated from Nearest Outside Section Corner:								
Phone: ()				NE NW SE SW								
Type of Well: (Check one)		OG D&A Cathodic	Co	County: Well #: Well #:								
ENHR Permit #:	Gas Sto	rage Permit #:										
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes			•	oved on: (Date)						
Producing Formation(s): List A	II (If needed attach another	sheet)	by	:		(KCC District Agent's Name)						
Depth to	Top: Botton	m: T.D	_{Pli}	ıaaina	Commenced:							
Depth to	Top: Botto	m: T.D		00 0								
Depth to	Top: Botto	m:T.D	' '	agging	Completed.							
Show depth and thickness of a	all water, oil and gas forma	ations.										
Oil, Gas or Water	Records		Casing Reco	rd (Sun	face, Conductor & Produc	ction)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out						
cement or other plugs were us		-				ds used in introducing it into the hole. If						
Plugging Contractor License #	::		Name:	e:								
Address 1:			Address 2: _									
City:			Sta	ate:		Zip:+						
Phone: ()												
Name of Party Responsible fo	r Plugging Fees:											
State of	County, _		, s	SS.								
			Г	_	nployee of Operator or	Operator on above-described well,						
	(Print Name)			=[]	inproyee or 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.

Form	CP4 - Well Plugging Record
Operator	Trek AEC, LLC
Well Name	WILLS 4
Doc ID	1775736

Producing Formations

Formation	Тор	Bottom	Total Depth
Arbuckle	3388	3394	3737
Arbuckle	3429	3431	3737
Arbuckle	3538	3542	3737
Arbuckle	3556	3558	3737
Arbuckle	3580	3583	3737
Arbuckle	3636	3638	3737
Arbuckle	3644	3652	3737



P. O. Box 466 Ness City, KS 67560 Off: 785-798-2300



DATE INVOICE #
4/25/2024 36585

Invoice

Trek AEC, LLC 1020 E. Levee St Ste 130 Dallas, TX 75207-4032

We Appreciate Your Business!

- Acidizing
- Cement

Total

\$9,081.58

• Tool Rental

TERMS	Well N	No.	Lease	County	Contractor	We	II Type	W	ell Category	Job Purpose	e Operator
Net 30	#4		Wills	Rooks	Chito's		Oil		Workover	PTA	Jonathan
PRICE	RICE REF. DESCRIPTION						QTY UM			UNIT PRICE	AMOUNT
575W 576W-P 290 275 328-4 581W 583D	Net 30 #4 Wills PRICE REF. 5W Mileage - 1 Wa Pump Charge - 0 D-Air 5 Cotton Seed Hu 60/40 Pozmix (4) 1W Service Charge Drayage Subtotal		np Charge - PTA ir ir ion Seed Hulls io Pozmix (4% Crice Charge Cem- yage	Gel) ent				75 1 5 6 6 275 470 9.23	Job Gallon(s) Sack(s) Sacks Sacks	8.00 1,250.00 45.00 40.00 14.00 2.00 1.00	600.007 1,250.007 225.007 240.007 3,850.007 940.007 1,479.23 8,584.23 497.35



CITY, STATE, ZIP CODE	ADDRESS	CHARGE TO: TREK ALC

TICKET 36555

CUSTON	DATE SIGNED	MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.	LIMITED WARRANTY provisions	the terms and conditions on the r		583	58)				328-4		275	296	576P	575	PRICE SECONDARY REFERENCE PART N	REFERRAL LOCATION	4	2. No. 5 City 16	SERVICE LOCATIONS	Services, Inc.
MER ACCEPTANCE OF MATER	TIME SIGNED A.M.	TOMER'S AGENT PRIOR TO S.	LIMITED WARRANTY provisions.	LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include,		97	N.				رلا						SECONDARY REFERENCE/ ACCOUNTING PART NUMBER LOC ACCT	INVOICE INSTRUCTIONS	WELLTYPE	SERVICE CONTRACTOR	CT NO.	CITY,
CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.	785-798-2300	P.O. BOX 466 NESS CITY, KS 67560	SWIFT SERVICES, INC.	REMIT PAYMENT TO:		May a a a	Service Charge Coment				60/40 Pozmix (406 Gel)		Cotton Seed Halls	0-A:0	Pump Charge - PTA	MILEAGE # 1/3	DESCRIPTION DESCRIPTION		WELL CATEGORY JOB PURPOSE	RIG NAME/NO.	LEASE COUNTY/PARISH	CITY, STATE, ZIP CODE
nowledges receipt of	ARE YOU SATISFIED WITH OUR SERVICE? CUSTOMER DID	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY?	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	SUBVEY							5						=-	bardon	SHIPPED VIA CT	STATE	
of the materials and services lis	CUSTOMER DID NOT WISH TO RESPOND	JIPMENT	DELAY?	of the property of	AGREE UNDECIDED	L CO OL HI MANAGERIA	4/50 3/4		_	F	275 313	_	501 305	5 44	N3	75 m	QTY. U/M QTY. U/M		WELL PERMIT NO.	LECATION	CITY	
ted on this ticket.	TOTAL	CONNED D		PAGE TOTAL	BEE.	70 1	18	-	_		14 00		35 94	115 00	1250 00	00	PRICE		WELL LOCATION	ORDER NO.	DATE 04/25/24	PAGE 1
	St 1538	47135		8534 35	1111	1470 25	340 00		_		388010		240 00	125 %	1250 =	600 000	AMOUNT				OWNER	- P

SWIFT OPERATOR

APPROVAL

Thank You!

SWIFT Services. Inc. JOB LOG TICKÉT NO. CUSTOMER JOB TYPE WELL NO. CHART NO. RATE (BPM) VOLUME (BBL) (GAL) PUMPS PRESSURE (PSI) DESCRIPTION OF OPERATION AND MATERIALS TIME TUBING CASING TC

DATE

PAGE NO.