KOLAR Document ID: 1775725

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #:	County: Well #: Lease Name: Well #: Date Well Completed:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom:T.D	

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:	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	r 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

Form	CP4 - Well Plugging Record						
Operator	Trek AEC, LLC						
Well Name	HINDMAN 2						
Doc ID	1775725						

Producing Formations

Formation	Тор	Bottom	Total Depth
Arbuckle	3260	3263	3532
Arbuckle	3316	3319	3532
Arbuckle	3427	3431	3532
Arbuckle	3528	3531	3532



BILL TO

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

- Acidizing
- Cement
- Tool Rental

TERMS	Well N	o. Lease	County	Contractor	We	ll Type	W	ell Category	Job Purpose	Operator
Net 30	#2	Hindman	Rooks			Oil		Workover	РТА	David
PRICE	REF.		DESCRIPT	ION		QT	ſ	UM	UNIT PRICE	AMOUNT
575W 576W-P 290 328-4 581W 583W		Mileage - 1 Way Pump Charge - PTA D-Air 60/40 Pozmix (4% C Service Charge Cem Drayage Subtotal Sales Tax Rooks Co	Gel) ent				75 1 80 150 454	Job Gallon(s) Sacks Sacks	8.00 1,250.00 45.00 14.00 2.00 1.00 7.00%	600.00T 1,250.00T 45.00T 1,120.00T 300.00T 454.00T 3,769.00 263.83
We A	ppre	ciate Your	Busines				Tota		\$4,032.83	

	SWIFT OPERATOR	DATE SIGNED	MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.	LIMITED WARRANTY provisions.	LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include,				283	185	1-828	290	5760	575	PRICE SECONDA REFERENCE PAR	REFERRAL LOCATION	4.	2. April (14)	SERVICE LOCATIONS	Services, Inc	SWIFT
	OMER ACCEPTANCE OF	TIME SIGNED	ODS.	ions.	rereby acknowledges and a reverse side hereof which				2	2	2		/		SECONDARY REFERENCE/ ACC PART NUMBER LOC	INVOICE INSTRUCTIONS	WELLIPPE		N SE		~ 1
	MATERIALS AND SERV	- A.M.	NES						2	2	7		Kin	MILEAGE	ACCOUNTING LOC ACCT DF	NS	MELL CATEGORY	-	LEASE	CITY, STATE, ZIP CODE	CHARGE TO:
	CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowled	785-798-2300	P.O. BOX 466 NESS CITY, KS 67560	SWIFT SERVICES, INC.	REMIT PAYMENT TO:			//	2 ALLIG OF	Ervice Charae	Sha beauty the	-stic '	w Observe - Pro	TRK 111	DESCRIPTION		JUB PURPUSE	RIG NAME/NO.	COUNTY/PARISH		K Lesources
	wledges receipt of th	ARE YOU SATISFIED WITH OUR SERVICE?	WE OPERATED THE EQUIPMENT AND PERFORMED JOB GALCULATIONS SATISFACTORILY?	WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY?	SURVEY OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				2	Cont 15	get 8			K			WE	VIA DE	STATE CITY		
	ges receipt of the materials and services listed on this ticket.	CUSTOMER DID NOT WISH TO RESPOND	NT	47	AGREE UNDECIDED			_	1/11/1	X5 C	SX (1 box	A3 1	S Mi	ATY. U/M ATY. U/M		WELL PERMIT NO.	DELIVERED TO	Y	MIMM	Hetaech5-101
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Ihank You!	4 7 77 8	403782	22383		a0 6965			_	20 124	as 072	1120 00	1/5 00	00 0561	600 00	AMOUNT				OWNER	OFI	37212

JOB LC)G					SWIF	T Seri	ices. Inc.	30-24 PAGE NO.					
CUSTOM	ER /		WELL NO.	17	-	LEASE/	1	JOB TYPE TICKE	TICKET NO. 372/2					
CHART	TIME	BATE	VOLUME		MPS	PRESSU	n <u>dma.</u> RE (PSI)	DESCRIPTION OF OPERATION AN						
NO.	1	RATE (BPM)	(BBL) (GAL)	T	С	TUBING	CASING	/						
	1230							On location						
			1/					P						
		2.75	40			1100		Kump hot warer Tik to get	oft flat or					
	1.0125							Tik to get	Rute					
		2	0			500		START Cement						
		2	20			1000		TBG pressured	p - 75 sx					
			2			300		TOP Off 83/8 -	5 SX					
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