

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



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

Invoice

DATE	INVOICE #
7/16/2024	37302

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

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#5	J. Dopita	Rooks	Chito's	Oil	Workover	PTA	David

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way	30	Miles	8.00	240.00T
576W-P	Pump Charge - PTA	1	Job	1,250.00	1,250.00T
290	D-Air	4	Gallon(s)	45.00	180.00T
275	Cotton Seed Hulls	5	Sack(s)	40.00	200.00T
328-4	60/40 Pozmix (4% Gel)	375	Sacks	14.00	5,250.00T
581W	Service Charge Cement	450	Sacks	2.00	900.00T
583W	Drayage	1,090	Ton Miles	1.00	1,090.00T
	Subtotal				9,110.00
	Sales Tax Rooks County			7.00%	637.70

We Appreciate Your Business!	Total	\$9,747.70
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CHARGE TO: Trk Acc
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 51502
 PAGE 1 OF 1

SERVICE LOCATIONS
 1. 11445 WELL/PROJECT NO. #5 LEASE J. DORRIS COUNTY/PARISH Rocks STATE MS CITY
 2. Ness City TICKET TYPE SERVICE CONTRACTOR Chinas RIG NAME/NO. SHIPPED VIA TRUCK DELIVERED TO 10011111 ORDER NO.
 3. WELL TYPE D11 WELL CATEGORY WORKOVER JOB PURPOSE PRD WELL PERMIT NO. WELL LOCATION
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY. U/M			UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY.	U/M	QTY.		
575											
576P											
290											
175											
308-11											
581											
583											

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.
 X

DATE SIGNED _____ TIME SIGNED _____ A.M. P.M.

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? YES NO
 WE UNDERSTOOD AND MET YOUR NEEDS? YES NO
 OUR SERVICE WAS PERFORMED WITHOUT DELAY? YES NO
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? YES NO
 ARE YOU SATISFIED WITH OUR SERVICE? YES NO
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 9110.00
 TAX 637.10
 TOTAL 9747.10

SWIFT OPERATOR _____ APPROVAL _____
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 7/16/21

PAGE NO.

CUSTOMER

Trek A/c

WELL NO.

5

LEASE

J. D. PITH

JOB TYPE

PTH

TICKET NO.

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	9:00							On location
								Tbg - 2 3/8 csg - 5 1/2
		5.25	13			1500		1st Plug - 3290' pump 50 sx cmt w/ 200# Halls
		5.25	26			1300		2nd Plug - 3000' pump 100 sx cmt
		5.25	26			900		3rd Plug - 2000' pump 100 sx cmt
		5.25	26			400		4th plug - 1000' pump 100 sx cmt w/ 300 Halls to Circ 40 Surf.
								T.O.D. 4 w/ T89
			1			300		top off 8 3/8 - 5 sx
			4			0		top off 5 1/2 - 20 sx
								Job Complete
								THANK David, Seth & Shane