

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

SWIFT



Services, Inc.

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



Invoice

DATE	INVOICE #
9/26/2024	37370

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	A #1	Dauwe	Rooks	Chito's Well	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				5	Gallon(s)	45.00	225.00T
275	Cotton Seed Hulls				4	Sack(s)	40.00	160.00T
328-4	60/40 Pozmix (4% Gel)				430	Sacks	14.00	6,020.00T
581W	Service Charge Cement				430	Sacks	2.00	860.00T
583W	Drayage				1,041	Ton Miles	1.00	1,041.00T
	Subtotal							9,796.00
	Sales Tax Rooks County						7.00%	685.72
We Appreciate Your Business!							Total	\$10,481.72



TICKET 37370

CHARGE TO: Trek Resources
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Hays
 2. Ness City
 3. _____
 4. _____

WELL/PROJECT NO. A # 1
 TICKET TYPE SERVICE SALES
 CONTRACTOR Chito's
 WELL TYPE Oil
 RIG NAME/NO. Rooks
 WELL CATEGORY Workover
 JOB PURPOSE PTA
 STATE Ks
 CITY _____
 DELIVERED TO Location
 DATE 9-26-24
 ORDER NO. _____
 OWNER _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF					
S75					30	mi	8.00	240.00	
S76P				MILEAGE TRK # 111	1	EA	1250.00	1250.00	
290				Pump Charge - PTA	5	bar	45.00	225.00	
295				D-Air	4	bx	40.00	160.00	
				Cotton Seeds Hulls					
328-4				60/40 Permex 4% Gel	430	sx	14.00	6020.00	
581				Service Charge Cont	430	sx	2.00	860.00	
583				Drainage (60 mil)	1041	mm	1.00	1041.00	

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.

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

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

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UNDECIDED	DISAGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 9796.00

TOTAL 10481.72

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

SWIFT OPERATOR _____ APPROVAL _____

Thank You!

SWIFT Services, Inc.

DATE
9-26-24

PAGE NO.

JOB LOG

CUSTOMER

Trek Resources

WELL NO.

A # 1

LEASE

Dawne

JOB TYPE

PTA

TICKET NO.

37370

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	900							on location
								TB9- 2 3/8 Csg- 5 1/2
		5	26			0		1st Plug @ 3310 pump 100 sx cmt
		5	26			900		2nd Plug @ 2350 pump 100 sx cmt w/ 200 Halls
		5	52			500		3rd plug @ 1350 pump 200 sx cmt w/ 200 hlls to Circ cmt to surf
								T.O.O.H w/ TB9
								TOP OFF 8 5/8 - 10 sx
								TOP OFF 5 1/2 - 20 sx
								JOB Complete
								THANKS DANIEL SETH & MARK