

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.

(Print Name) ☐ Employee of 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.

Submitted Electronically



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

Invoice

DATE	INVOICE #
4/16/2025	37663

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	#1	Clark	Pawnee	JD's	Oil	Workover	PTA	Wayne
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way	60	Miles	8.00	480.00T			
576W-P	Pump Charge - PTA	1	Job	1,250.00	1,250.00T			
275	Cotton Seed Hulls	1	Sack(s)	40.00	40.00T			
328-4	60/40 Pozmix (4% Gel)	225	Sacks	14.00	3,150.00T			
290	D-Air	3	Gallon(s)	45.00	135.00T			
581W	Service Charge Cement	225	Sacks	2.00	450.00T			
583W	Drayage	565.74	Ton Miles	1.00	565.74T			
	Subtotal				6,070.74			
	Sales Tax Clark County			6.50%	394.60			
We Appreciate Your Business!						Total	\$6,465.34	



CHARGE TO: **TREX AEC LLC**
ADDRESS
CITY, STATE, ZIP CODE

TICKET
37663

PAGE 1 OF 1

SERVICE LOCATIONS
1. **Ness City, KS** WELL/PROJECT NO. **#1** LEASE **CUARK** COUNTY/PARISH **PAWNEE** STATE **KS** CITY **PAWNEE** DATE **4-16-2025** OWNER **SAME**

2. **Ticket Type** ☒ SERVICE ☐ SALES **CONTRACTOR** **JDS** **RIG NAME/NO.** **WELL CATEGORY** **WELL PURPOSE** **WELL PERMIT NO.** **WELL LOCATION** **SE/GARFIELD, KS**

3. **WELL TYPE** **OTL** **WELL CATEGORY** **Workover** **JOB PURPOSE** **PTA**

4. **REFERRAL LOCATION** **INVOICE INSTRUCTIONS**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		U/M	U/M	U/M	U/M		
575		1			MILEAGE PT-112	60.172				8.00	480.00
576P		1			PUMP CHARGE - PTA	1 JOB				1250.00	1250.00
275		1			COTTONSEED HULLS	1 SKS				40.00	40.00
328.4		1			60/40 P02M0X (48 GEL)	225 SKS				14.00	3150.00
290		1			D-ADR	3 GAL				45.00	135.00
581		1			SERVICE CHARGE CEMENT	225 SKS				2.00	450.00
583		1			DRYAGE	18858 LBS				565.74 TM	565.74

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 **Paul Paul**

DATE SIGNED **4-16-2025** TIME SIGNED **0900** ☒ A.M. ☐ P.M.

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

SURVEY		AGREE	UNDECIDED	DISAGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO			

PAGE TOTAL **6070.74**

TOTAL **6445.34**

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

SWIFT OPERATOR **Wayne Wilson** APPROVAL

Thank You!

CUSTOMER

TREK AEC LLC

WELL NO.

五

LEASE

CLARK

JOB TYPE

PTA

TICKET NO.

NO. 37663

[illegible]