

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

QUALITY WELL SERVICE, INC.

8690

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-786-6992

Fax 620-672-3663

Todd's Cell 620-388-4967

Brady's Cell 620-727-6964

Date	2-23-25	Sec.	20	Twp.	29S	Range	11W	County	PRATT	State	KI	On Location		Finish	
Lease	McCASKEY	Well No.	4-20	Location											
Contractor								Owner							
Type Job								To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size								T.D.							
Csg.								Depth							
Tbg. Size								Depth							
Tool								Depth							
Cement Left in Csg.								Shoe Joint							
Meas Line								Displace							
EQUIPMENT								Cement Amount Ordered							
Pumptrk								Common							
Bulktrk								Poz. Mix							
Bulktrk								Gel.							
Pickup								Calcium							
JOB SERVICES & REMARKS								Hulls							
Rat Hole								Salt							
Mouse Hole								Flowseal							
Centralizers								Kol-Seal							
Baskets								Mud CLR 48							
D/V or Port Collar								CFL-117 or CD110 CAF 38							
1 st Plug 4975'								Sand							
Pump H2O								Handling							
mix Pump 50x 60/40 4 1/2 GEL								Mileage							
Pump H2O								FLOAT EQUIPMENT							
Disco m20								Guide Shoe							
2 nd Plug 780'								Centralizer							
Pump H2O								Baskets							
mix Pump 50x 60/40 4 1/2 GEL								AFU Inserts							
Disco H2O								Float Shoe							
3 rd Plug 480'								Latch Down							
Pump H2O								SERVICE GUN 1 EA							
mix Pump 50x 60/40 4 1/2 GEL								LMV 20'							
Disco H2O								Pumptrk Charge							
4 th Plug 60'								Mileage							
20x 60/40 4 1/2 GEL								Tax							
THANK YOU								Discount							
PLEASE CALL AGAIN								Total Charge							

X Signature

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
2/25/2025	C-3627

Bill To
Trek AEC, LLC 1020 E Levee St., Ste 130 Dallas, TX 75207

		P.O. No.	Terms	Lease Name
				McCaskey #4-20
Description	Qty	Rate	Amount	
Common	132	17.50	2,310.00T	
Poz	88	9.50	836.00T	
Gel	757	0.50	378.50T	
Plug/Pump Charge	1	1,100.00	1,100.00T	
Handling	228	2.10	478.80T	
.15 * sacks * miles	4,560	0.15	684.00T	
Service Supervisor	1	500.00	500.00T	
LMV	20	4.50	90.00T	
Heavy Equipment Mileage	40	9.50	380.00T	
Customer Discount		-1,351.46	-1,351.46	
DISCOUNT EXPIRES AFTER 30 DAYS FROM DATE OF THIS INVOICE		0.00	0.00	
McCaskey #4-20 Pratt Co.				
PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!		Subtotal \$5,405.84		
		Sales Tax (8.25%) \$445.98		
		Total \$5,851.82		

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Date	2-23-25	Sec.	20	Twp.	29S	Range	11W	County	PRATT	State	KI	On Location	Finish
Lease	Mc Caskey	Well No.	4-20	Location									
Contractor	Duke #7								Owner				
Type Job	PTA								To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.				
Hole Size	7 7/8		T.D.		5099		Charge To						
Csg.	4 1/2 DP		Depth		4975		TREC AEC LLC						
Tbg. Size			Depth				Street						
Tool			Depth				City		State				
Cement Left in Csg.			Shoe Joint				The above was done to satisfaction and supervision of owner agent or contractor.						
Meas Line			Displace				Cement Amount Ordered		220 x 60/40				
EQUIPMENT								4 1/2 GEL					
Pumptrk	3	No.					Common		132 SX				
Bulktrk	15	No.					Poz. Mix		88 SX				
Bulktrk		No.					Gel.		757 lbs				
Pickup		No.					Calcium						
JOB SERVICES & REMARKS								Hulls					
Rat Hole	30 x 60/40 4 1/2 GEL								Salt				
Mouse Hole	20 x 60/40 4 1/2 GEL								Flowseal				
Centralizers									Kol-Seal				
Baskets									Mud CLR 48				
D/V or Port Collar									CFL-117 or CD110 CAF 38				
1st Plug	0 4975'								Sand				
Pump H2O									Handling 228				
Mix Pump	50 x 60/40 4 1/2 GEL								Mileage 20 / 4560				
Pump H2O									FLOAT EQUIPMENT				
Disp mud									Guide Shoe				
2nd Plug	0 780'								Centralizer				
Pump H2O									Baskets				
Mix Pump	50 x 60/40 4 1/2 GEL								AFU Inserts				
Disp H2O									Float Shoe				
3rd Plug	0 480'								Latch Down				
Pump H2O									SERVICE SPV 1 EA				
Mix Pump	50 x 60/40 4 1/2 GEL								LMV 20				
Disp H2O									Pumptrk Charge PTA				
4th Plug	60'								Mileage 40				
20 x 60/40 4 1/2 GEL									Tax				
THANK YOU								Discount					
PLEASE CALL AGAIN								Total Charge					
Signature								Total Charge					