

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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



INVOICE

DATE December 14, 2018
 INVOICE # 9805

470 Yucca Ln Pratt, KS 67124
 Office Phone (620)672-9100 Fax (620)672-5020

Bill To: EDISON OPERATING COMPANY LLC
 8100 E 22ND ST NORTH, BLDG 1900
 WICHITA, KS 67226

Lease Name Kane
 Well Number 3-17
 County Kiowa
 State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
11.5	12/04/2018 Work Ticket #26221 Rig #17 Operator & 2 men	240.00	2,760.00
2.0	Gal Gas Wash	3.00	6.00
12.5	12/05/2018 Work Ticket #26222 Rig #17 Operator & 2 men	240.00	3,000.00
1.0	Tongs	100.00	100.00
2.0	Gal Gas Wash	3.00	6.00
11.0	12/06/2018 Work Ticket #26223 Rig #17 Operator & 2 men	240.00	2,640.00
3.0	Gal Gas Wash	3.00	9.00
1.0	Tongs	100.00	100.00
SUBTOTAL			8,621.00
TAX RATE			7.50%
SALES TAX			646.58
TOTAL			\$ 9,267.58

*9800
 RIN TO RIN WELL*

ALLIANCE

WELL SERVICE, INC.

470 Yucca Lane • Pratt, KS 67124
24 Hour Phone: 620-672-9100 • Fax: 620-672-5020

WORK TICKET
NEW WELL
OLD WELL RIG # 17

№ 26221

DATE 12-04-18

COMPANY Edison Operating JOB TYPE Plug DBS COMPLETE
 ADDRESS _____ LEASE Kate INCOMPLETE
 CITY / STATE _____ ZIP CODE _____ COUNTY Nowata TWP _____ WELL # 3-17 STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WHD	STATE
OPERATOR	<u>Rich Townsend</u>	<u>11/15</u>		<u>2</u>	<u>13/12</u>	
DERRICK HAND	<u>Les Helms</u>	<u>11/15</u>			<u>11/15</u>	
FLOOR HAND	<u>Andrew Gutwainger</u>	<u>11/15</u>			<u>11/15</u>	
JTS WELL EQUIPMENT JTS RAN						
	<u>195</u>		<u>X 3 1/4"</u>			

DESCRIPTION OF WORK BEING PERFORMED

To log w/ Rig, Have Safety Meeting, Dig up over well, blow B-side down, insert bump & take w/ rods & pump laying down 14 singles, break off them, spread & dig out bag from & get bins load on log head, rig over to fill the, unhook rig & release anchor, work w/ o. rig laying down, install cleanup tools, etc

Double Drum Rig w/2 Men 11.5 Hrs @ 240 Per Hour Total 2760

- Travel Time _____ Hrs @ _____ Per Hour
- Swab Cups No. _____ Size _____ Type _____ Per Hour
- Swab Cups No. _____ Size _____ Type _____ Per Hour
- Misc Solvent x 2-6L _____ Type _____ Per Hour
- Misc _____ Type _____ Per Hour
- Misc _____ Type _____ Per Hour
- Misc _____ Type _____ Per Hour
- Misc _____ Type _____ Per Hour
- Misc _____ Type _____ Per Hour
- Misc _____ Type _____ Per Hour
- Misc _____ Type _____ Per Hour
- x _____ Type _____ Per Hour
- TOTAL** _____

ALLIANCE

WELL SERVICE, INC.

470 Yucca Lane • Pratt, KS 67124
24 Hour Phone: 620-672-9100 • Fax: 620-672-5020

WORK TICKET
NEW WELL
OLD WELL

No. 26222

RIG # 17 DATE 12-05-18

COMPANY Edison Operating JOB TYPE Plug 504 COMPLETE INCOMPLETE

ADDRESS _____ LEASE Home WELL # 9-17

CITY / STATE _____ SEC 17 TWP Wenda RANG _____ STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	MON REVENUE	TOTRL HRS WHD
OPERATOR	<u>Rich Townsend</u>	<u>12 1/2</u>		<u>2</u>	<u>14 1/2</u>
DERRICK HAND	<u>Art Adams III</u>	<u>12 1/2</u>			<u>12 1/2</u>
FLOOR HAND	<u>Anthony Salazar</u>	<u>12 1/2</u>			<u>12 1/2</u>

JTS	PULLED	WELL EQUIPMENT	JTS	ARRN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PRCKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

To be, have safety meeting. Cool w/ 75g, Anchor, 4-JTS AS
4800' w/ 2.5Ks Cement, Rig over To Pull 5 1/2 Lbs. Unions
By down bar w/ water, align log, free @ 1912' this w/ log truck
* Hook log, off @ 1520' log has truck down, 20' @ 18-JTS
at 51k laying down, clean up tools & log, 3000' ASY,

Double Drum Rig w/2 Men 12.5 Hrs @ 240 Per Hour 3000

Travel Time _____ Hrs @ _____ Per Hour _____

Swab Cups No. _____ Size _____ Type _____ Per Hour _____ Per Each _____

Misc 75g Tonger X 1 Total 100

Misc 50' log X 2.5 Total 6

Misc _____ Total _____

Misc _____ Total _____

Misc _____ Total _____

Misc _____ Total _____

Company Representative _____ Date _____ **TOTAL** _____

ALLIANCE WELL SERVICE, INC.

470 Yucca Lane • Pratt, KS 67124
24 Hour Phone: 620-672-9100 • Fax: 620-672-5020

№ 26223

WORK TICKET
NEW Well
OLD Well

RIG # 17

DATE 12-06-18

COMPANY Elison Operating

JOB TYPE Plug Job
LEASE Rane

COMPLETE
INCOMPLETE
WELL # 3-17

ADDRESS _____ SEC _____ TWP Kiowa COUNTY Pratt STATE KS
CITY / STATE _____ ZIP CODE _____

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WHD
OPERATOR	<u>Pick Thomas Duff</u>	<u>11</u>		<u>2</u>	<u>13</u>
DERRICK HAND	<u>Les Adams III</u>	<u>11</u>			<u>11</u>
FLOOR HAND	<u>Andreas Sulowitzkyer</u>	<u>11</u>			<u>11</u>

	PULLED	WELL EQUIPMENT	JTS	ARM
		RODS		
		RODS		
		PONY RODS		
		POUSHED RODS		
		PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PRCKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED
To be. Made Intek Meeting & got all 48 x 51/2 lbs having
Down on trucks, Rig over to Ken 2319 75g, 27114) 75g Down
Two 940' MEAV Pump's Trucks. Pump Cement, pull 75g up To 560'
Pump Cement, pull 75g up To 65' from surface Pump Cement,
got all 75g, top 480' Ole W) Cement clean up Tools & loc.
Rig Down Make ote, D.I.V.-

Double Drum Rig w/2 Men _____ Hrs @ 240 Per Hour _____ Per Hour _____ Total 2640

Travel Time _____ Hrs @ _____ Per Hour _____ Total _____

Swab Cups No. _____ Size _____ Type _____ Per Each _____ Total _____

Swab Cups No. 30 Size 3 Type DL3 Per Each _____ Total 9

Misc 75g Tools x 1 Total 100

Misc _____ Total _____

Misc _____ Total _____

Misc _____ Total _____

Misc _____ Total _____

Misc _____ Total _____

Misc _____ Total _____

Misc _____ Total _____

Company Representative _____ Date _____

Taylor Printing, Inc. • 620-672-3656

BASIC Energy Services, L.P.

TREATMENT REPORT

Customer: <i>FD-500 Operations</i>	Lease No.	Date: <i>12-6-18</i>
Lease: <i>Kane</i>	Well #: <i>3-17</i>	

Field Order #: <i>1946</i>	Station: <i>Post Woods</i>	Casing: <i>2 1/4"</i>	Depth: <i>950</i>	County: <i>Wagoner</i>	State: <i>KS</i>
Type Job: <i>PTA 2-111</i>	Formation: <i></i>	Legal Description: <i>17-305-176</i>			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	Acid	RATE	PRESS	ISIP		
Depth	Depth	From	Pre Pad	Max	Max	5 Min.		
Volume	Volume	From	Pad	Min	Min	10 Min.		
Max Press	Max Press	From	Frac	Avg		15 Min.		
Well Connection	Annulus Vol.	From	Flush	HHP Used		Annulus Pressure		
Plug Depth	Packer Depth	From		Gas Volume		Total Load		

Customer Representative	Station Manager	Treater	Service Log					
<i>Bony Winters</i>	<i>Trish Smith</i>	<i>Frank's Coasters</i>						
Service Units								
Driver Names								
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate				
<i>1300</i>							<i>Arr. to job location / case by mail</i>	
<i>1330</i>							<i>Ran 200 gal. pipe</i>	
<i>1345</i>							<i>500 to 700 gal. T-bms</i>	
<i>1417</i>							<i>max 54 gal @ 10ppk</i>	
<i>1426</i>							<i>M + 50% cell @ 13.5 gal</i>	
<i>1430</i>							<i>Prep 11-0 bellid @ 210 gal</i>	
<i>1448</i>							<i>Prep @ 950 - Acc-210 gal. Tot-79 gal</i>	
<i>1450</i>							<i>Prep @ 6000-200 gal. Tot-210 gal</i>	
<i>1510</i>							<i>Prep @ 500 gal. Tot-195 gal</i>	
<i>1515</i>							<i>M + 40% cell @ 100 gal</i>	
<i>1530</i>							<i>700 cell @ 204 gal @ 13.5 gal</i>	
							<i>210 @ 2401 - Acc-60 gal - 700-91 gal</i>	
							<i>Prep Rig down, leave for 8840</i>	
							Prep @ 500 gal. Tot-195 gal	
							Prep @ 500 gal. Tot-195 gal	
							Prep @ 500 gal. Tot-195 gal	
							Prep @ 500 gal. Tot-195 gal	
							Prep @ 500 gal. Tot-195 gal	

Taylor Printing, Inc. 620-672-3656



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 17545 A
YMA26

DATE OF JOB: 12-6-16 DISTRICT: Pratts NEW WELL OLD WELL PROD INJ WDW CUSTOMER ORDER NO.:

CUSTOMER: Energy Services LEASE: none WELL NO.:

ADDRESS: STATE: LEASE: none COUNTY: Leos STATE: Leos

CITY: STATE: SERVICE CREW: Tony's wire work

AUTHORIZED BY: JOB TYPE: P.M. 2:00

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
46397	1.5					ARRIVED AT JOB	12/6/16	AM 1:00
4462	1.5					START OPERATION		AM 1:20
						FINISH OPERATION		AM 1:30
						RELEASED		AM 1:40
						MILES FROM STATION TO WELL		AM 1:40

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).
The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: Tony Miller
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
C1103	Culturizer	SK	140		1920.00
C1100	Cement gel	lb	276		69.00
C1100	Cement gel	lb	1500		375.00
E100	Pickup pumper	hr	5.0		225.00
E101	Heavy equipment pumper	hr	1.00		750.00
C1113	Full delivery charge 80 yds wire	SK	345		962.50
C1201	W.H. charge 501 = 1000	SK	1 yds		1200.00
C1240	Expanding Mixing Service charge	SK	160		924.00
S003	Service equipment first 45 minutes	SK	1		175.00
SUB TOTAL					5800.00
CHEMICAL / ACID DATA:					
SERVICE & EQUIPMENT				% TAX ON \$	
MATERIALS				% TAX ON \$	
TOTAL					3538.51

SERVICE REPRESENTATIVE: [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
FIELD SERVICE ORDER NO. (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

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