

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



HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:
EDISON OPERATING CO LLC
8100 E 22ND ST N
BUILDING 1900
WICHITA, KS 67226

Invoice Date: 1/9/2019
Invoice #: 0050809
Lease Name: Brass
Well #: 1-17
County: Barber

Date/Description	HRS/QTY	Rate	Total
ICT1713 PTA	0.000	0.000	0.00
Pump truck 230	1.000	637.500	637.50
Cement Pozmix 60/40	200.000	11.050	2,210.00
Light Eq Mileage	30.000	1.700	51.00
Heavy Eq Mileage	60.000	3.400	204.00
Cement Data Acquisition	1.000	212.500	212.50
Ton Mileage	268.320	1.275	342.11

Cement For Proving
9080
Tons

Net Invoice	3,657.11
Sales Tax:	178.15
Total	3,835.26

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!

250 N. Water St., Suite #200
Wichita, KS 67202



HURRICANE SERVICES INC

Customer:	edison oil Co	Lease & Well #	Brass 1-17	Date	1/9/2019
Service District	Medicine Lodge Ks	County & State	Barber	Legals S/T/R	17-36-16w
Job Type	pla	<input type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well? <input type="checkbox"/> YES <input type="checkbox"/> No
Equipment #	Ortrel	Ticket # 1718			

Job Safety Analysis - A Discussion of Hazards & Safety Procedures

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Hard hat | <input type="checkbox"/> Gloves | <input type="checkbox"/> Lockout/Tagout | <input type="checkbox"/> Warning Signs & Flagging |
| <input type="checkbox"/> H2S Monitor | <input type="checkbox"/> Eye Protection | <input type="checkbox"/> Required Permits | <input type="checkbox"/> Fall Protection |
| <input type="checkbox"/> Safety Footwear | <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Slip/Trip/Fall Hazards | <input type="checkbox"/> Specific Job Sequence/Expectations |
| <input type="checkbox"/> FRC/Protective Clothing | <input type="checkbox"/> Additional Chemical/Acid PPC | <input type="checkbox"/> Overhead Hazards | <input type="checkbox"/> Muster Point/Medical Locations |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Additional concerns or issues noted below | |

Comments

Equipment No.	Description	Unit of Measure	Quantity	Net Amount
CD10	Cement Pump	ea	1.00	\$637.50
CP070	60/40/2 Pozmix	seck	200.00	\$2,210.00
M015	Light Equipment Mileage	mi	30.00	\$61.00
M010	Heavy Equipment Mileage	mi	60.00	\$204.00
C035	Cement Data Acquisition	job	1.00	\$212.60
M020	Ton Mileage	tn	268.32	\$342.11

Customer Section: On the following scale how would you rate Hurricane Services Inc?

Based on this job, how likely is it you would recommend HSI to a colleague?


1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Likely 1 2 3 4 5 6 7 8 9 10 Fairly likely

Total Taxable	\$ -	Tax Rate:		Net:	\$3,667.11
		State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.	Sale Tax:	\$ -	
				Total:	\$ 3,667.11

HSI Representative: Carl Belding

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 5/8% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to effect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X  CUSTOMER AUTHORIZATION SIGNATURE



CEMENT TREATMENT REPORT

Customer: Edison Oil	Well: Brass 1-17	Ticket: ict 1713
City, State:	County: Barber	Date: 1/9/2019
Field Rep: Barry Watters	S-T-R: 11 35s 15w	Service: Medicine Lodge Ks

Downhole Information	
Hole Size:	in
Hole Depth:	ft
Casing Size:	4.5
Casing Depth:	8 5/8
Tubing / Liner:	2 3/8
Depth:	ft
Tool / Packer:	
Depth:	ft
Displacement:	bbls

Slurry	
Weight:	14 # / sx
Water / Sx:	6 5/7 gal / sx
Yield:	1 2/5 ft³ / sx
Bbls / Ft:	
Depth:	ft
Volume:	bbls
Excess:	%
Total Slurry:	49 bbls
Total Sacks:	sx

Cement Blend		
Product	%	#
Class A	60.0	
Gel	4.0	
CaCl		
Metso		
KolSeal		
PhenoSeal		
Salt		
flyash	40.0	
Total		.

TIME	RATE	PSI	BBLs	REMARKS	TIME	RATE	PSI	BBLs	REMARKS
9:00 AM				rig up					
				4.5 casing perfs @ 760'					
				tubing @ 720'					
	3.0	150.0	10.0	load hole with 10 Bbls fresh water					
	3.0	150.0	3.0	pump 3 Bbls slurry					
		150.0		shut 4.5 casing valve					
	3.0	150.0	6.0	pump 6 Bbls slurry forcing out 4.5 perfs					
				open 4.5 casing valve					
	3.0	150.0	3.0	pump 3 Bbls slurry + balance in 4.5 casing					
				pull tubing to 310'					
	3.0	150.0		circulate cement to surface in 4.5 casing					
				also between 4.5 and 8 5/8'					
				Lay down tubing + top off					
			12.0	1st stage 50 sx cement					
			37.0	2nd stage 150 sx cement					

CREW		UNIT	SUMMARY		
Operator:	Carl Balding	28.0	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Keven Lesley	230.0	3 bpm	150.00 psi	71.00 bbls
Unit #1:	Darryl Martinez	42.0			
Unit #2:	Ron Gilley				



INVOICE

DATE January 22, 2019
 INVOICE # 9850

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 Brass
Well Number 1-17
County Barber
State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	1/7/2019 Work Ticket #27243		
9.5	Rig #17 Operator & 2 men	240.00	2,280.00
2.0	Gal Wash Gas	3.00	6.00
	1/8/2019 Work Ticket #27244		
12.5	Rig #17 Operator & 2 men	240.00	3,000.00
1.0	Tongs	100.00	100.00
2.0	Gal Wash Gas	3.00	6.00
	1/9/2019 Work Ticket #27245		
10.0	Rig #17 Operator & 2 men	240.00	2,400.00
1.0	Tongs	100.00	100.00
1.0	Thread Lube	50.00	50.00
SUBTOTAL			7,942.00
TAX RATE			7.50%
SALES TAX			595.65
TOTAL			\$ 8,537.65

ALLIANCE WELL SERVICE, INC.

No 27243

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

WORK TICKET

NEW WELL

OLD WELL

RIG # 17

DATE 1-07-19

COMPLETE

INCOMPLETE

COMPANY Edison Operating
ADDRESS _____
CITY / STATE _____ ZIP CODE _____

JOB TYPE Plug Tub
LEASE Brabs WELL # 1-17
SEC _____ TWP _____ ANG _____
COUNTY Barber STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Rich Timmermans</u>	<u>9 1/2</u>		<u>3</u>	<u>12 1/2</u>
DERRICK HAND	<u>Les Adams III</u>	<u>9 1/2</u>			<u>9 1/2</u>
FLOOR HAND	<u>Andrew Waininger</u>	<u>9 1/2</u>			<u>9 1/2</u>

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
<u>71</u>	<u>x 7 1/8" 114 x 3/4"</u>	RODS		
<u>20</u>	<u>x 7 1/8" on Hoftom</u>	RODS		
<u>3</u>	<u>4' 8" x 7 1/8" 2 x 7 1/8" Pump</u>	PONY RODS		
<u>1</u>	<u>1 1/4" x 22' 1 1/2" x 10' liner</u>	POLISHED RODS		
<u>1</u>	<u>2 x 1 1/2" x 14' RWB 1' CA</u>	PUMP / VALVES		
<u>14</u>	<u>x 2 3/8" 9' 1/2"</u>	TUBING		
<u>3</u>	<u>4' 6" 1/2" x 2 3/8" 9' 1/2"</u>	PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

To loc w/ Rig. Have Safety Meeting, Rig up over Well, Break Well Head apart & Coast w/ RR Subs, Rods, sub & Pump laying down in Singles. Rig over to port Tg, Set up equipment, unhook Tg, Release Anchors, & Coast w/ 1-JT Tg, 3-Subs, & 23-JTS Laying Down on seals, Shot Well in over night, Clean up Tools D.T.F

Double Drum Rig w/2 Men	<u>9.5</u>	Hrs @ <u>240</u>	Per Hour	Total <u>2280</u>
Travel Time	Hrs @	Per Hour	Total	
Swab Cups No. _____ Size _____ Type _____		Per Each	Total	
Swab Cups No. _____ Size _____ Type _____		Per Each	Total	
Misc <u>2-015 Solvent</u>			Total <u>6</u>	
Misc _____			Total	
Misc _____			Total	
Misc _____			Total	
Misc _____			Total	
Misc _____			Total	
x _____			Total	
Company Representative _____	Date _____		TOTAL	

ALLIANCE WELL SERVICE, INC.

No **27244**

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

WORK TICKET

NEW WELL

OLD WELL

RIG # 17

DATE 1-08-29

COMPLETE

INCOMPLETE

COMPANY Edison Operating
ADDRESS _____
CITY / STATE _____ ZIP CODE _____

JOB TYPE Plug Job
LEASE Drill WELL # 1-17
SEC _____ TWP _____ ANG _____
COUNTY Barber STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Rich Thomas Dyer</u>	<u>12 1/2</u>		<u>2 1/2</u>	<u>15</u>
DERRICK HAND	<u>Les Adams III</u>	<u>12 1/2</u>		<u>0</u>	<u>12 1/2</u>
FLOOR HAND	<u>Andrew Swearingen</u>	<u>12 1/2</u>		<u>0</u>	<u>12 1/2</u>

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
<u>159</u>	<u>x 2 3/8" 8"</u>	TUBING		
<u>1</u>	<u>1.10 x 2"</u>	PUPS		
<u>1</u>	<u>4 1/2 x 2 1/8" Anchor</u>	SN / BBL		
<u>1</u>	<u>1.5 x 2 3/8" MA</u>	ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

To loc. Have Safety Meeting, Finish COOH w/ T3, 4 1/2" Anchor
To SN a MA Break Production Head loose, M&D Log Truck,
see CERD a 5065 w/ 2-9Ks cement on top, dig out C3, head and
unpack, rig over to pull 4 1/2" C3, hoist C3 w/ water, yank 4 1/2"
4 work C3, can not get C3, Fall Below 514' K3, Call for Driller,
Reload C3 in slips, & pack well head off, get Prod Head on
Clean up Tools, 50 on DTY

Double Drum Rig w/2 Men	<u>12.5</u>	Hrs @	<u>240</u>	Per Hour	Total	<u>3000</u>	
Travel Time		Hrs @		Per Hour	Total		
Swab Cups No.		Size		Type	Per Each	Total	
Swab Cups No.		Size		Type	Per Each	Total	
Misc	<u>The Tongs x 1</u>					Total	<u>100</u>
Misc	<u>Solvent x 2-615</u>					Total	<u>6</u>
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	

x _____
Company Representative Date

ALLIANCE WELL SERVICE, INC.

No 27245

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

WORK TICKET
NEW WELL
OLD WELL
RIG # 17

DATE 1-09-19

COMPLETE
INCOMPLETE

COMPANY Edison Operating
ADDRESS _____
CITY / STATE _____ ZIP CODE _____

JOB TYPE Plug Job
LEASE Brass WELL # 1-17
SEC _____ TWP _____ ANG _____
COUNTY Butcher STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Rich Frommelt</u>	<u>10</u>		<u>2 1/2</u>	<u>12 1/2</u>
DERAICK HAND	<u>Les Adams III</u>	<u>10</u>			<u>10</u>
FLOOR HAND	<u>Andrew Swearingen</u>	<u>10</u>			<u>10</u>

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

DESCRIPTION OF WORK BEING PERFORMED

To Loc Have Safety Meeting, MTR Perforations & Perforate @ 760 & 300' Rig Log Truck Down, Go in Hole w/ Tbg Down To 742' Move in Rig up Cement Trucks & Pump Cement, Pull Tbg up to 300' from surface & Pump Cement, Rig Trucks Down, Clean up Tools * Loc, RDWD RTY

Double Drum Rig w/2 Men	<u>10</u>	Hrs @	<u>240</u>	Per Hour	Total	<u>2400</u>	
Travel Time		Hrs @		Per Hour	Total		
Swab Cups No.		Size		Type	Per Each	Total	
Swab Cups No.		Size		Type	Per Each	Total	
Misc	<u>35 Tongs</u>	<u>x 1</u>				Total	<u>100</u>
Misc	<u>pipe dope</u>	<u>x 1</u>				Total	<u>50</u>
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	
TOTAL							

x _____
Company Representative Date