

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 April 30, 2019
 INVOICE # 9960

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 Dohrman
Well Number 1-26
County Rice
State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
10.0	4/18/2019 Work Ticket #18566 Rig #17 Operator & 2 men	240.00	2,400.00
12.0	4/19/2019 Work Ticket #18567 Rig #17 Operator & 2 men	240.00	2,880.00
SUBTOTAL			5,280.00
TAX RATE			7.50%
SALES TAX			396.00
TOTAL			\$ 5,676.00

*Rig to Plus Well
 9080
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ALLIANCE WELL SERVICE, INC.

No 18566

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 4-18-19

COMPLETE

INCOMPLETE

COMPANY Edison Operating

JOB TYPE Plug Job

LEASE Bohrman

WELL # 1-26

ADDRESS _____

SEC _____ TWP _____

ANG _____

CITY / STATE _____ ZIP CODE _____

COUNTY Rice

STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Ricky Frazier</u>	<u>10</u>		<u>2</u>	<u>12</u>
DERRICK HAND	<u>Andrew Svecaninger</u>	<u>10</u>		<u>2</u>	<u>12</u>
FLOOR HAND	<u>Charlie Cish</u>	<u>10</u>		<u>2</u>	<u>12</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 Log w/ Rig, Have Safety Meeting. Rig up over well, Big
out Csg Horn, open Csg slight flow, impact w/ 12" horn, move in
Rig up Log Truck, Set CTRP @ 311' w/ 2.5Ks Cement, Log Csg
& Pressure up, 500th Test Good, unhang Kill & Work Pipe, Shoot
Csg @ 1450' from surface, Rig Log Truck Down, Rig up 5 1/2 Tongs
& Tools, Cool w/ 5 ITS Making sure pipe is free, shut pipe in
CLEAN UP TOOLS 500W DTV

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					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
x _____					TOTAL	
Company Representative			Date			

ALLIANCE WELL SERVICE, INC.

No 18567

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 4-19-19

COMPLETE

INCOMPLETE

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

JOB TYPE Plug Job
LEASE Dohrman WELL # 1-26
SEC _____ TWP _____ ANG _____
COUNTY Rice STATE Ks

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Rich Turner</u>	<u>12</u>			<u>12</u>
DEARRICK HAND	<u>Andrew Schaeffer</u>	<u>13</u>			<u>13</u>
FLOOR HAND	<u>Charlie Gish</u>	<u>12</u>			<u>12</u>

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
<u>35 1/2</u>	<u>Jts 5 1/2 15.5 Csg</u>	TUBING	<u>35 1/2</u>	<u>113 5/8</u>
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

To LDC, Have Safety Meeting, Check Well PSI, Slight Blow on 5 1/2, Cook w/ 1" JT & Move in Hrs up Cement-Trucks - Pump Cement Well up To 848 Lab Cement w/ Fog 2-1475, G.I.R & Tag Cement w/ Csg Tags @ 1164, Pump Cement, Cook w/ Rest of Csg Laying Down 35 1/2 JTS, Top Well off with Cement, Clean up Tools & Equipment, Rig Down Move off D.T.S.

Double Drum Rig w/2 Men	<u>12</u>	Hrs @	<u>240</u>	Per Hour	Total	<u>2880</u>
Travel Time		Hrs @		Per Hour	Total	
Swab Cups No.	Size	Type		Per Each	Total	
Swab Cups No.	Size	Type		Per Each	Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
x _____						TOTAL

Company Representative _____ Date _____



INVOICE

DATE April 25, 2019
 INVOICE # 9953

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 Dohrman
Well Number 1-26
County Rice
State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	4/19/2019 Work Ticket #038		
1.0	Service Man Charge	500.00	500.00
1.0	Casing Equipment	750.00	750.00
200.0	Car Mileage	1.50	300.00
SUBTOTAL			1,550.00
TAX RATE			7.50%
SALES TAX			116.25
TOTAL			\$ 1,666.25

9080
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SALES & SERVICE INVOICE
 Remit To: Alliance Well Service Inc. • 470 Yucca Lane • Pratt, KS 67124

TERMS: 30 DAYS FROM DATE OF INVOICE

Office Phone: 620-672-9100
 Fax: 620-672-5020

NEW WELL
 OLDWELL

038

DATE ISSUED: 4-19-15
 SHIPPED FROM: (DISTRICT) Pratt

S O L D	Edison Operating	S H I P T O	WELL NO.	1-26	FIELD	Polk	LEASE	Polk	COUNTY	Rice	STATE	KS

ITEM	QUANTITY	COMMODITY NO.	DESCRIPTION	UNIT CONTROL	DISC.	NET AMOUNT
01	1		Service man charge to Plog & Absenden old well, Set CIBP @ 3112' + dump 6.5/1' 2.5x cost on CIBP	500	00	500
			Shut off casing @ 1450', pump cement plugs			
			1226' w/ 50 sx common 3% CC, tgs cost @ 1164'			
			848' w/ 35 sx 60/40 por 4% sol			
			435' circulate w/ 125 sx 60/40 por 4% sol			
			top off w/ 10 sx 60/40 por 4% sol			
02	1		Casing equip 5 1/2" casing tools, slips, elevators & low down equip.	750	00	750
03	200		Car mileage	300	00	300
				TAX \uparrow	75%	
				TOTAL \uparrow		1530
						116
						25

I certify that the above materials or services have been received on the terms and conditions set forth on the reverse side hereof, which the undersigned has read and understood, that the basis for charges is correctly stated and that I am authorized to sign this memorandum as agent of owner or contractor.

Barry Weathers
 REPRESENTATIVE

AGENT OF OWNER OR CONTRACTOR:

(NAME IN FULL)

Checked Coded
 By Bar By Bar

Charges are subject to correction in accordance with latest price schedules and the addition of applicable State and Local sales / Use tax if not listed above.

TOTAL \uparrow 1666 25



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1007020	1718	04/22/2019
INVOICE NUMBER			
92955228			

Pratt (620) 672-1201
 B EDISON OPERATING COMPANY LLC
 L 8100 E 22ND ST N
 L WICHITA
 T KS US 67226
 O ATTN: DAVID WITHROW

J LEASE NAME Dohrman #1-26
 O LOCATION
 B COUNTY Pratt
 S STATE KS
 I JOB DESCRIPTION Cement-Casing Seat-Prod W
 T JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41171634			Net - 30 days	05/22/2019

For Service Dates: 04/19/2019 to 04/19/2019

0041171634

171817904A Cement-Casing Seat-Prod W 04/19/2019
 Plug to Abandon

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
185 Sk. - 60/40 Poz	1.00	SK	2,193.64	2,193.64
Class A Cement	50.00	SK	15.81	790.50
Calcium Chloride	150.00	LB	0.51	76.50
318 Lb. - Cement Gel	1.00	LB	81.09	81.09
Light Vehicle Mileage	75.00	MI	2.55	191.25
Heavy Equipment Mileage	150.00	MI	4.08	612.00
Depth Charge, 1001'-2000'	1.00	HR	765.00	765.00
235 Sk-Blending & Mixing Service Charge	1.00	SK	167.79	167.79
Service Supervisor Charge	1.00	EA	75.00	75.00
Driver Charge	2.00	EA	35.00	70.00

*CEMENT FOR PLUGGING
 9080
 2*

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	5,022.77
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	0.00
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	5,022.77
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 17904 A

DATE _____ TICKET NO. _____

Total man hours 36

DATE OF JOB 4-19-2019		DISTRICT Pratt Ks. 1718		NEW WELL <input type="checkbox"/>	OLD WELL <input checked="" type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:	
CUSTOMER Edison Operating Company				LEASE Doburnan			WELL NO. 1-26			
ADDRESS				COUNTY Rice		STATE Kansas				
CITY		STATE		SERVICE CREW Carl B Ron G Jose D						
AUTHORIZED BY				JOB TYPE: Plug to Abandon 2-41						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME	
27463	4.5					4-19-19			5:30	
19960-19860	1								10:00	
									10:30	
									3:00	
									3:15	
						MILES FROM STATION TO WELL				

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: Patricia Wilton
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
BC 152	60/40 Poz	SK	185		4301.25
BC 100	Class A Cement	SK	50		1550 -
CC 109	Calcium Chloride	lb	150		150 -
CC 200	Cement Gel	lb	275		159 -
MS 101	Light Vehicle Mileage	mi	75		375 -
ME 102	Heavy Equipment Mileage	mi	150		1200 -
CC 2	Depth Charge, 1001-2000'	HR	1		1500 -
CS 240	Blending + mixing Service Charge	SX	235		3071 -
BE 143	Service Supervisor Charge	ea	1		75 -
BE 144	Drivers Charge	ea	2		70 -

SUB TOTAL 9709.25
TOTAL 5022.77

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	

SERVICE REPRESENTATIVE <u>Carl Balding</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>Patricia Wilton</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 17904 A

DATE _____ TICKET NO. _____

DATE OF JOB		DISTRICT		NEW WELL <input type="checkbox"/>		OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/>		INJ <input type="checkbox"/>		WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:	
CUSTOMER				LEASE				WELL NO.							
ADDRESS				COUNTY				STATE							
CITY				STATE				SERVICE CREW							
AUTHORIZED BY				JOB TYPE:											
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME					
						ARRIVED AT JOB		AM	PM						
						START OPERATION		AM	PM						
						FINISH OPERATION		AM	PM						
						RELEASED		AM	PM	3:15					
						MILES FROM STATION TO WELL									

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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
			1.5		4301.25
					1550
			1.5		150
			3/8		159
			75		375
			150		1260
			1		1500
					309
			1		75
			2		70

CHEMICAL / ACID DATA:			

SUB TOTAL		9709.25
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		5022.77

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

Customer <i>Energy Services Company</i>		Lease No.		Date <i>4-19-2019</i>	
Lease <i>Lease #</i>		Well # <i>1-26</i>			
Field Order #	Station <i>Tract # 1718</i>	Casing <i>3 1/2</i>	Depth	County <i>Rice</i>	State <i>Kansas</i>
Type Job <i>Hydrofracture</i>			Formation	Legal Description <i>26-18-10</i>	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth <i>1226</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume	Volume	From	To	Pad	Min		10 Min.
Max Press <i>110</i>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative <i>Fred Walker</i>	Station Manager <i>Timothy Walker</i>	Treater <i>Carl Balaing</i>
---	--	--------------------------------

Service Units <i>2748</i>									
Driver Names <i>R. G. D. J.</i>									

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:50</i>					<i>on location rig up 11:00 am</i>
					<i>5 1/2 tubing to 1226</i>
	<i>110</i>		<i>3</i>	<i>3</i>	<i>start production 3:00</i>
					<i>Break circulation</i>
	<i>100</i>		<i>10-50</i>	<i>4</i>	<i>max volume 50 = 1400 + 300</i>
<i>10:45</i>	<i>75</i>		<i>20</i>	<i>4</i>	<i>Displace with 20 lbs water</i>
					<i>stop pressure wait hours - 14:00</i>
					<i>TAC cement 1164'</i>
					<i>2nd Plug 848'</i>
<i>1:30</i>	<i>160</i>		<i>9</i>	<i>3</i>	<i>Plug 35 - 60 lb water</i>
					<i>Displace with 13 lbs water</i>
					<i>3rd Plug 40'</i>
					<i>Displace cement to surface</i>
<i>2:15</i>	<i>110</i>		<i>32</i>	<i>4</i>	<i>with 120 lbs water</i>
					<i>for 20 min</i>
<i>5:00</i>			<i>2.5</i>	<i>2</i>	<i>Top off with 11.6</i>