KOLAR Document ID: 1459307

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 #: | | | AF | PI No. 1 | 5 | | | | | |
|--------------------------------|-------------------------------|-------------------|----------------|--|--------------------------|---|--|--|--|--|
| Name: | | | | | | | | | | |
| Address 1: | | | _ | | Sec Tv | vp S. R East West | | | | |
| Address 2: | | | _ | Feet from North / South Line | | | | | | |
| City: | State: | Zip: + | _ | Feet from East / West Line | | | | | | |
| Contact Person: | | | Fo | Footages Calculated from Nearest Outside Section Corner: | | | | | | |
| Phone: () | | | | NE NW SE SW | | | | | | |
| Type of Well: (Check one) | | OG D&A Cathodi | l Co | County: Well #: | | | | | | |
| ENHR Permit #: | Gas Sto | rage Permit #: | | Date Well Completed: | | | | | | |
| Is ACO-1 filed? Yes | No If not, is well | log attached? Yes | | | • | oved on: (Date) | | | | |
| Producing Formation(s): List A | All (If needed attach another | sheet) | by | : | | (KCC District Agent's Name) | | | | |
| Depth to | Top: Botto | m: T.D | _{Pli} | uaaina (| Commenced: | | | | | |
| Depth to | Top: Botto | m: T.D | | 00 0 | | | | | | |
| Depth to | Top: Botto | m:T.D | ' '' | uggirig (| Completed. | | | | | |
| | | | | | | | | | | |
| Show depth and thickness of a | all water, oil and gas forma | ations. | | | | | | | | |
| Oil, Gas or Water | Records | | Casing Reco | rd (Surf | face, Conductor & Produc | ction) | | | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| cement or other plugs were us | | _ | • | | | ds used in introducing it into the hole. If | | | | |
| Plugging Contractor License # | t: | | Name: | | | | | | | |
| Address 1: | | | Address 2: _ | | | | | | | |
| City: | | | Sta | ate: | | Zip:+ | | | | |
| Phone: () | | | | | | | | | | |
| Name of Party Responsible fo | r Plugging Fees: | | | | | | | | | |
| State of | County, _ | | , , § | SS. | | | | | | |
| | | | Г | | nployee of Operator or | Operator on above-described well, | | | | |
| | (Print Name) | | | =(1) | proyee or 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.



INVOICE

DATE INVOICE #

April 30, 2019 9960

470 Yucca Ln Pratt, K5 67124 Office Phone (620)672-9100 Fax (620)672-5020

BIII 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 4/19/2019 Work Ticket #18567 | 240.00 | 2,400.00 |
| 12.0 | 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 |

RIL TO PLUE WELL

9080

7.

WorkflowOne · Lilly Kingsley = 866-257-4154



| EVELL SERVICE, INC. 470 Yucca Lane - Pratt, KS 67124 24 Hour Phone: 620-672-9100 + Fax: 620-672-9020 ROBERT PART PART PART PART PART PART PART PA | | | | | | | | WORK TICKET | | | | |
|--|---|-------------------------------|---|------------------------------------|----------------------------|-----------------|-------------------|--|--|--|--|--|
| 24 Hour Phone: 620-672-9100 + Fax: 620-672-5020 RIG # 1 OPTE # 1/2 COMPIER COM | WELL SER | IVICE, INC. | | NEM MELL | | | | | | | | |
| 24 Hour Phone: 620-672-9100 + Fax: 620-672-5020 RIG # 1 OPTE # 1/2 COMPIER COM | - | | | 470 Yucca | a Lane | Pratt, K | S 67124 | OLD WELL 🔀 | ĺ | | | |
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| ADDRESS CITY / STATE ZIP CODE COUNTY FORTHOR POSITION NAME POSITION OPERATION OPERATIO | COMPANY | Wisen 1 | Miratine | 4 | (6 | AS€ <i>b</i> | bhrman WELL# 1 26 | | | | | |
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WorkflowOne - Lilly Kingsley - 866-257-4154

ALLIANCE

| ILIELL SER | VICE, INC. | | NEM MEIT MOUR LICKEL | | | | | |
|------------------|--------------|-----------------------|------------------------|--------|---------------------------|-------------|---------------|-----------------------------------|
| | i | 4 24 Hour Phone: 6 | | | • Pratt, KS Fax: 620-6 | S 67124 | OLD WELL A | DATE <u>4-19-19</u> COMPLETE 🗹 |
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| CITY / STATE | | ZIP CODE | | | OUNTY | 406 | | STATE 5 |
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| Double Drum Rig | g w/2 Men | 12 | Hrs @ | 24 | 10 Pe | r Hour | | 1880 |
| ravel Time | | Hrs @ | | Per H | our | | Total | |
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| uioc | | | | | | | Total | |
| ompanu Represent | ative | Dote | | | | | TOTAL | |



INVOICE

DATE INVOICE #

April 25, 2019 9953

470 Yucca Ln Pratt, K5 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 |



I SERVICE

SALES & SERVICE INVOICE

** No 6710/

NEW WELL []

038

| Barry welfor | | | | 03 200 miles | BZ / Casing. | | | | | | | 0/ / - | ITEM QUANTITY COMMODITY NO. | 0-1 | | o Edison | 4-19-18 7- |
|--|--------|----------|--|----------------|---------------------------------|----------------------|-----------------------|-------------------|----------------------|-------------------------|-----------------------|---------------------------|-----------------------------|------------------|--------------|----------|-------------------|
| side hereot, 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. AGENT OF OWNER | | | | ue (cr milesce | cacip 5'2" casing yours. Slips. | top off w/ 10 5x 60/ | 435' Exercitie w/ 125 | 848 m/35 xx 60140 | 1226 w/ 50 sx common | Short off casing @ 1450 | Set CIBP @ 3/12 + | Service man charge to Ply | | | | Cheritia | Post# |
| sirs and conditions set torth on the reverse sis for charges is correctly stated and that i | 1 | | | | officiators + law down equip | 140 poz 4/6501 | 5x 60/40 por 48 501 | Por 4% 561 | 3% CC tes cont @ 116 | Dump coment pluss | dune bail 25x cont en | & Abanden old well, | DESCRIPTION | T WELL NO. FIELD | | ΞØ | Fax: 620-672-5020 |
| By By TOTAL \$ 1666 25 | | <u> </u> | | 300 00 30 | 25000 | | | | 64, | | , C/BP | 500 00 50 | OSIGNATION DISC. NE | Polinga | COUNTY STATE | | |
| 6 25 | 116 25 | 550 00 | | 300 00 | 250 .0 | | | | | | | 500 " | NET AMOUNT | | | | |

Taylor Printing, Inc. • 620-672-3656

OR CONTRACTOR:

(NAME IN FULL)

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.



| 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

! 8100 E 22ND ST N

_ WICHITA

KS US

67226

O ATTN:

DAVID WITHROW

LEASE NAME

Dohrman #1-26

LOCATION В

COUNTY

Pratt

STATE KS

JOB DESCRIPTION | Cement-Casing Seat-Prod W

Ε JOB CONTACT

| јов # | EQUIPMENT # | PURCHASE | ORDER NO. | | TE | RMS | DUE DATE | | |
|-------------------------------------|-----------------------|--------------|----------------|-----------|-------|--------------|----------|--------------|--|
| 41171634 | | | | | Net - | 30 days | 05/22/ | /2019 | |
| | | | QTY | U of M | UNIT | PRICE | INVOICE | AMOUNT | |
| For Service Date | s: 04/19/2019 to | 04/19/2019 | | | | | | | |
| 041171634 | | | | | | | | | |
| 1 - E | | | | .0) | | | | | |
| | nent-Casing Seat-Prod | W 04/19/2019 | | | | | | | |
| 185 Sk 60/40 | Poz | | 1.00 | SK | | 2,193.64 | | 2,193. | |
| Class A Cement | | | 50.00 | ·SK | 1 | 15.81 | | 790. | |
| Calcium Chloride | | | 150.00 | | | 0.51 | | 76. | |
| 318 Lb Cement | | | 1.00 | | | 81.09 | | 81. | |
| Light Vehicle Mile | - | | 75.00 | | | 2.55 4.08 | | 191. 612. | |
| Heavy Equipment Depth Charge, 10 | 7 | | 150.00 1.00 | | | 765.00 | | 765 | |
| | & Mixing Service Char | ne l | 1.00 | | ĺ | 167.79 | | 167. | |
| Service Supervisor | Charge | , , | 1.00 | | | 75.00 | | 75. | |
| Driver Charge | - | Tolo Lunding | 2.00 | | | 35.00 | | 70. | |
| | ζ, | Kon . | | | | | | | |
| - 9 | CEMEN, | 7080 | | | | | | | |
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| W. W. | | | J. | | | 4 . 30 | | 10.00 | |
| 20 3 3 3 1 20 3 3 3 1 | 50 K | 2 | | | | | | | |

PLEASE REMIT TO:

SEND OTHER CORRESPONDENCE TO:

BASIC ENERGY SERVICES,LP
PO BOX 841903
BASIC ENERGY SERVICES,LP
801 CHERRY ST, STE 2100
FORT WORTH, TX 76102

SUB TOTAL

5,022.77

TAX

0.00

INVOICE TOTAL

5,022.77



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

FIELD SERVICE TICKET 1718 17904 A

| PF | RESSURE PUMP | ING & WIRELINE | hours | 30 | 5 | | DATE | TICKET NO | | | | | |
|-----------------|------------------|--------------------|--------------|---------------------------------|---------------|---------------|--------------|------------------|------------------------|---------|--|--|--|
| DATE OF 4-19- | 20/9 DI | ISTRICT Patt | 5. 1718 | | NEW C | WELL X | PROD [INJ | □ wdw □ { | CUSTOMER ORDER NO.: | yr y | | | |
| CUSTOMER Ed, | son Over | ating Connan | 1 | | LEASE D | hunn | ier - | | WELL NO | -26 | | | |
| ADDRESS | | 7 | | Vije U | COUNTY / | ice | | STATE Ka | nsas. | | | | |
| CITY | 44 45 | STATE | | er i i i | SERVICE CF | REW A | 4 B | Ron G 3 | Tose D | | | | |
| AUTHORIZED BY | | | | JOB TYPE: Plug to appardon Z-41 | | | | | | | | | |
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| | | N. Avenue | | | | | MILES FROM | STATION TO WEL | L | | | | |
| ITEM/PRICE | | | | | | | 1 | R, OPERATOR, CON | 1 | - | | | |
| REF. NO. | M/ | ATERIAL, EQUIPMENT | AND SERVICES | USI | ED | UNIT | QUANTITY | UNIT PRICE | \$ AMOUN | 1 | | | |
| BC 152 | 60/40 | Poz | | | | SK | 185 | | 4/301 | 25 | | | |
| BC 100 | Class | s A Cement | | | | SK | 56 | | 1550 | ream | | | |
| CC 200 | Calcu | I CHIONIDE | | | | ID | 606 | | 150 | - | | | |
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FIELD SERVICE ORDER NO.

SERVICE
REPRESENTATIVE (and Bulding

SERVICE

THE ABOVE MATERIAL AND SERVICE
ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



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

1718 1700 A

TICKET NO.

DATE

| DATE OF JOB | D | ISTRICT | | | NEW □ OLD □ PROD □ INJ □ WDW □ CUSTOMER ORDER NO.: | | | | | | | | | |
|------------------------|------------------|--|------------|---------|--|---------|---|-----------------------------|--------|------------|-------|--|--|--|
| CUSTOMER | | 多数指交替或 | | | LEASE | | | | | WELL NO. | 5/2 | | | |
| ADDRESS | | | | | COUNTY STATE | | | | | | | | | |
| CITY | | STATE | | | SERVICE CREW | | | | | | | | | |
| AUTHORIZED BY | | | | | JOB TYPE: | Part I | Alia. | | 41 | | | | | |
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| ITEM/PRICE REF. NO. | M | ATERIAL, EQUIPMENT | AND SERV | ICES US | ED | UNIT | QUANTITY | WELL OWNER, OPERATOR, CONTR | | | SENT) | | | |
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| Con Jones | | | | | | | | | | 1550 | 47 | | | |
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| Manager page | | | | | | 143 | 35/35 | | | 157 | | | | |
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FIELD SERVICE ORDER NO.

SERVICE

THE ABOVE MATERIAL AND SERVICE
ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

| Customer | | | | | Le | Lease No. | | | | | | | | Date | | | | | |
|-----------------|--------------------|---|-----------------|------|--------------|-----------|-------|-------------|-------------------------------|----------|---------|---------|---------|----------|-------------|-------|------------------|-----------|--|
| Lease | Wisher. | 1 | 22-4-0 | 71.7 | Well # /- 26 | | | | | | | | 4 | -17- | 201 | 7 | | | |
| Field Order # | Station | 17 | 14 R | | # 17 | 18 | | Casing | 1/2 | Dept | h | Count | y J | | | 18 | State | AV TO SEE | |
| Type Job | 1-0 | / / // // // // // // // // // // // // | | | | | | | F | ormation | 1 | | | Legal | Description | 6- | 18 | 160 | |
| PIPE | DATA | | PERF | ORA | TING | DATA | | FLUID | USE |) | | | TREA | ATMEN | T RESUM | ΙE | | .61 | |
| Casing Size | Tubing Siz | e. | Shots/Ft | t | | | Acid | | | | | RATE | PRI | ESS | ISIP | | | | |
| Depth 22 | Depth | | From | | То | | Pre I | Pad | | Max | | | | | 5 Min. | | | | |
| Volume | Volume | \neg | From | | То | | Pad | | | | Min | | | | 10 Min. | | | | |
| Max Press | Max Press | | From | | То | | Frac | | | | Avg | | | | 15 Min. | | | | |
| Well Connection | Annulus Vo | ol. | From | | То | | | | | | HHPL | Ised | | | Annulu | s Pre | ssure | | |
| Plug Depth | Packer De | pth | From | | То | | Flusi | h | | | Gas Vo | olume | | | Total Lo | ad | | | |
| Customer Repre | esentative | Ser. | . i 10 | Mar | 蛙 | Station | Mana | ger | Com II | LL. | | Tre | ater | PARI. | Balo | 210 | nty | | |
| Service Units | 2796番 | 14 | d-lin | | | | | | | | | | | | | | 1 | | |
| Driver Names | L. C. | N. | 12 | | | | | | | | | | | | | | | | |
| Time | Casing Pressure | | ubing essure | Bbls | s. Pump | oed | F | Rate | | | | | Ser | vice Log | | | 40 | | |
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