

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



INVOICE

DATE May 16, 2019
 INVOICE # 9979

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 MLP Black
Well Number 5-2
County Haskell
State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	4/26/2019 Work Ticket #18573		
11.0	Rig #17 Operator & 2 men	240.00	2,640.00
2.0	Gal Wash Gas	3.00	6.00
	4/29/2019 Work Ticket #18574		
14.5	Rig #17 Operator & 2 men	240.00	3,480.00
1.0	Tongs	100.00	100.00
4.0	Per Diem	150.00	600.00
	4/30/2019 Work Ticket #27326		
9.5	Rig #17 Operator & 2 men	240.00	2,280.00
1.0	Tongs	100.00	100.00
1.0	Thread Lube	50.00	50.00
4.0	Per Diem	150.00	600.00
	4/30/2019 Work Ticket #040		
1.0	Service Man Charge	500.00	500.00
110.0	Mileage	1.50	165.00
SUBTOTAL			10,521.00
TAX RATE			7.00%
SALES TAX			736.47
TOTAL			\$ 11,257.47

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

DATE 4-26-19
COMPLETE
INCOMPLETE

COMPANY Edison Operating Comp JOB TYPE Plug Job
ADDRESS _____ LEASE MLP Black WELL # 5-2
CITY / STATE _____ ZIP CODE _____ COUNTY Haskell STATE KS
SEC _____ TWP _____ ANG _____

POSITION	NAME	HRS	REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Rich Tompkins</u>	<u>11</u>			<u>1</u>	<u>12</u>
DERRICK HAND	<u>Andrew Swearingen</u>	<u>11</u>				<u>11</u>
FLOOR HAND	<u>Charlie Fish</u>	<u>11</u>				<u>11</u>

JTS	PULLED	WELL EQUIPMENT	JTS	RAM
<u>54</u>	<u>x 7/8" 140 x 3/4"</u>	RODS		
<u>21</u>	<u>x 7/8"</u>	RODS		
<u>2</u>	<u>2' 4" x 7/8"</u>	PONY RODS		
<u>1</u>	<u>1 1/4" x 16' 1 1/2" x 8' Liner</u>	POLISHED RODS		
<u>1</u>	<u>2 1/2" x 1 1/2" x 16' 2' GA</u>	PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

To loc with Rig, Have Safety Meeting, Move Rig in & Rig up. Rig out cellar, Break Well Head Apart, Unseat Pump, Set up seals. To lay rods down in singles, CooH w/ PR, subs, Rods & Pump in singles, Break Tty Head Apart, Rig over to pull Tty, Unhang Tty and MAKE sure Tty is free, Shut Tty & Casing, in Clean up Tools & LDC. DTY

Double Drum Rig w/2 Men	<u>11</u>	Hrs @	<u>240</u>	Per Hour	Total	<u>2640</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>Solvent X 2-Gal</u>					Total	<u>6</u>
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	
x						Total	
Company Representative		Date				TOTAL	

ALLIANCE WELL SERVICE, INC.

No 27326

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 4-30-19
COMPLETE
INCOMPLETE

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

JOB TYPE Plug Job
LEASE M&P Black WELL # 5-2
SEC _____ TWP _____ RNG _____
COUNTY Haskell STATE KS

POSITION	NAME	HRS	REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Rich Immediato</u>	<u>9 1/2</u>				<u>9 1/2</u>
DERRICK HAND	<u>Les Adams III</u>	<u>9 1/2</u>				<u>9 1/2</u>
FLOOR HAND	<u>Andrew Swearingen</u>	<u>9 1/2</u>				<u>9 1/2</u>
	<u>Charlie Gish</u>	<u>9 1/2</u>				<u>9 1/2</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, Check Well Psi "O Break Prod Head
base, (2114) / 54.5Ks of Tg, Bottom of Tg @ 1790' Move in Cement
Trucks & Pump 50 SKs Cement w/ 50' of Halls, (2044) Tg, Laying Down
MERU Wire Line & Perforate @ 646' From Surface, Rig has Trunk
Down, Rig Basic UP To 5 1/2 Cys & Get Circulation, Pump 150 SKs
Cement, Rig Basic Down, Rig Equipment Down, Clean up Loc,
Rig Down Move Off.

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>Tg Tongs x 1</u>					Total	<u>100</u>
Misc <u>pipe Daps x 1</u>					Total	<u>50</u>
Misc <u>Per Drum x 4</u>					Total	<u>600</u>
Misc _____					Total	
Misc _____					Total	
Misc _____					Total	
x _____					Total	
Company Representative		Date			TOTAL	



ELI
WIRELINE SERVICES

Please Remit To:
P.O. Box 549
Hays, KS 67601
Phone: (785) 628-6395
Fax: (785) 628-3651

FIELD TICKET No.

- 3657

DATE 4/29/19

UNIT # 3362

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Edison Operating</u>	LEASE <u>Block</u>	WELL NO. <u>5-2</u>
ADDRESS	FIELD	STATE <u>Ks</u> COUNTY <u>Haskell</u>
	LOCATION <u>2-30s-34w</u>	
CITY	CASING SIZE & WT. <u>5 1/2"</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>CIRP cement</u>

ORDERED BY		TITLE			SERVICE SUPV.	
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT	
<u>70-210-1000</u>	<u>Service Charge</u>					
<u>75-820-0055</u>	<u>5 1/2" CIRP @ 5340'</u>					
<u>70-299-0200</u>	<u>Dump Bail 2 on cement on CIRP</u>					
<u>70-214-0700</u>	<u>GRCC Board Log</u>					
	<u>Depth Charge 0-3430</u>					
<u>70-212-0700</u>	<u>GRCC Board Log</u>					
	<u>Operations Charge 0-3430</u>					
<u>75-805-0210</u>	<u>Perf MSC</u>					
	<u>2 shots @ 1796</u>					

CALLED OUT _____ Time _____ Date	ON LOCATION <u>1:00</u> Time <u>4/29/19</u> Date	COMPLETED <u>7:30</u> Time <u>4/29</u> Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX TOTAL CHARGES
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WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)	Hours	Initials
<u>Gottschalk</u>		
<u>Guzman</u>		

CUSTOMER AGREES to pay (the "Company") on a net 45 day basis from date of invoice to avoid loss of discount. Invoices older than 45 days are subject to loss of discount on ticket. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

X Don Gottschalk

X [Signature]
CUSTOMER REPRESENTATIVE

White - Main Canary - Customer Pink - Field

