

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 # 9980

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 Lucas
Well Number 3-22
County Haskell
State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	5/1/2019 Work Ticket #27327		
11.0	Rig #17 Operator & 2 men	240.00	2,640.00
1.0	Tongs	100.00	100.00
3.0	Gal Wash Gas	3.00	9.00
4.0	Per Diem	150.00	600.00
	5/2/2019 Work Ticket #27328		
13.0	Rig #17 Operator & 2 men	240.00	3,120.00
1.0	Tongs	100.00	100.00
1.0	Thread Lube	50.00	50.00
4.0	Per Diem	150.00	600.00
	5/3/2019 Work Ticket #27329		
8.0	Rig #17 Operator & 2 men	240.00	1,920.00
2.0	Gal Wash Gas	3.00	6.00
	5/3/2019 Work Ticket #041		
1.0	Service Man Charge	500.00	500.00
1.0	Casing Equipment	750.00	750.00
150.0	Mileage	1.50	225.00
	SUBTOTAL		10,620.00
	TAX RATE		7.00%
	SALES TAX		743.40
	TOTAL		\$ 11,363.40

ALLIANCE WELL SERVICE, INC.

No. **27327**

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 5-01-19
COMPLETE
INCOMPLETE

COMPANY Edison Operating Comp JOB TYPE Plug Job
ADDRESS _____ LEASE LUCAS WELL # 3-22
CITY / STATE _____ SEC _____ TWP _____ ANG _____
ZIP CODE _____ COUNTY Haskell STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Paul J. Jernicki</u>	<u>11</u>			<u>11</u>
DERRICK HAND	<u>Les Adams III</u>	<u>11</u>			<u>11</u>
FLOOR HAND	<u>Andrew Sulcoringa</u>	<u>11</u>			<u>11</u>
	<u>Charlie Bish</u>	<u>11</u>			<u>11</u>

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
<u>218</u>	<u>x 3/4"</u>	RODS		
		RODS		
<u>3</u>	<u>2'6"8' x 3/4"</u>	PONY RODS		
<u>1</u>	<u>1 1/4" x 16' 1 1/2" B Liner</u>	POLISHED RODS		
<u>1</u>	<u>2' x 1 1/2" x 16' 6' GR</u>	PUMP / VALVES		
<u>174</u>	<u>x 2 3/4" 8" ID</u>	TUBING		
<u>1</u>	<u>2 3/8" x 10'</u>	PUPS		
<u>1</u>	<u>2' x 1.10</u>	SN / BBL		
<u>1</u>	<u>2 3/4" x 8 1/2" Anchor</u>	ANCHOR / PACKER		
<u>1</u>	<u>2 3/4" x 14' MA</u>	OTHER		

DESCRIPTION OF WORK BEING PERFORMED

To loc. Have Safety Marking. Rig up over well, secure Rig, Break Well Head apart, Unseat Pump & Cool W/ PR Subs, Rods & Pump Laying Down in singles, Break Top Head apart, Rig over Top pull. Tg, unhang Tg, Had trouble getting Anchor Releases, Got Cool W/ PR Subs 2314' Tg, To 5 1/2" Anchor. 17- JTS Below, 1-SN 1-MA Laying Down on seals, Rig Cellar out Check Pressure on Surface P, pr 10', Dig out 3' trench, Clean up Toelt, Shut 5 1/2" Cg in, O.T.M

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	
Misc <u>Tg Tongs</u> x <u>1</u>		Total	<u>100</u>	
Misc <u>Solvent</u> x <u>3 (5)3</u>		Total	<u>9</u>	
Misc <u>per Dem</u> x <u>4</u>		Total	<u>600</u>	
Misc _____		Total		
Misc _____		Total		
Misc _____		Total		
TOTAL				

x _____
Company Representative Date

ALLIANCE WELL SERVICE, INC.

No. 27328

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 5-02-19

COMPLETE

INCOMPLETE

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

JOB TYPE Plug Job
LEASE Lucas WELL # 3-22
SEC _____ TWP _____ ANG _____
COUNTY Haskell STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Rich James Auto</u>	<u>13</u>			<u>13</u>
DERRICK HAND	<u>Les Adams III</u>	<u>13</u>			<u>13</u>
FLOOR HAND	<u>Andrew Swearingen</u>	<u>13</u>			<u>13</u>
	<u>Charlie Gish</u>	<u>13</u>			<u>13</u>

JTS	PULLED	WELL EQUIPMENT	JTS	AAW
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
<u>4 1/2</u>	<u>5 1/2' Csg</u>	TUBING		
<u>1</u>	<u>5 1/2' sub 10'</u>	PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

To loc. Have Safety Meeting, Csg PSI TO, Move in Rig up wire line
Set 1st CTBP @ 5450' w/ 2-Sks Cement, Set 2nd CTBP @ 5165' w/
2-Sks Cement, Load Csg with water, Rig up 5 1/2' Csg equipment.
Unhang & work Csg, Csg Free @ 2058' Shoot Csg @ 1874' Pipe still
stuck, work Csg, Shoot Csg Again @ 1800' PS, Pipe Free, Rig log Truile
Down & Get Ready To Pull 5 1/2'. Cool w/ 1-5 1/2' sub, & 4 1/2' sub
Laying Down Rig 5 1/2' equipment Down, Rig over To Run 2 3/8' Tsg.
(Csg W) 58-595 2318' Tsg Down Too 1817, Shot Tsg in over night
Clean up Tools, P.T.M.

Double Drum Rig w/2 Men	13	Hrs @	240	Per Hour	Total	3120
Travel Time	Hrs @	Per Hour		Total		
Swab Cups No.	Size	Type	Per Each	Total		
Swab Cups No.	Size	Type	Per Each	Total		
Misc	<u>Tsg Tongs</u>	<u>x 1</u>		Total	<u>100</u>	
Misc	<u>pipe Dope</u>	<u>x 1</u>		Total	<u>50</u>	
Misc	<u>ser Dem</u>	<u>x 4</u>		Total	<u>600</u>	
Misc				Total		
Misc				Total		
Misc				Total		
x				Total		

Company Representative

Date

TOTAL

ALLIANCE WELL SERVICE, INC.

No. 27329

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 5-08-19

COMPLETE

INCOMPLETE

COMPANY Edison Operating Comp

JOB TYPE Plug Job

LEASE Local

WELL # 3-22

ADDRESS _____

SEC _____ TWP _____

ANG _____

CITY / STATE _____ ZIP CODE _____

COUNTY Haskell

STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Rich Immediato</u>	<u>8</u>		<u>1</u>	<u>9</u>
DERRICK HAND	<u>Les Adams III</u>	<u>8</u>			<u>8</u>
FLOOR HAND	<u>Andrew Sakarizinger</u>	<u>8</u>			<u>8</u>
	<u>Charlie Gish</u>	<u>8</u>			<u>8</u>

JTS	PULLED	WELL EQUIPMENT	JTS	AAW
		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 Tag Psi*0, MIRA D Basic Cementing Pump 15-5ks Full & 50-5ks Cement. Pull Tds up Too 720' From Surface & Pump 50-5ks Cement, Pull up Too 62' From Surface & Pump Cement, Pull out of Hole w/ Rest of Tds & Top Wash Old w/ Cement. Plug Cement, Tractor Down & Equipments, Clean up Well, RDM's throw Rig To yard

Double Drum Rig w/2 Men	<u>8</u>	Hrs @	<u>240</u>	Per Hour	Total	<u>1920</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</u>	<u>X 2-6ls</u>				Total	<u>6</u>
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	
TOTAL							

x _____
Company Representative Date



SALES & SERVICE INVOICE

041

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
 OLD WELL

DATE ISSUED: 5-3-19
 SHIPPED FROM: (DISTRICT)

SOLD TO	Edison Operating	SHIP TO		COUNTY	KS	STATE	KS
		WELL NO.	3	LEASE	Lucas		

ITEM	QUANTITY	COMMODITY NO.	DESCRIPTION	UNIT CONTROL CODE	DISC.	NET AMOUNT
01	1		Service man charge to run casing logs & PTH old well			7500 00
02	1		5 1/2" casing logs, slips, elevators & log down equip			5000 00
03	150		Car mileage			2250 00
			CIBP @ 5450' 25x cnt			
			CIBP @ 5165' 25x cnt			
			Let casing @ 1800'			
			RTH w/ tubing to 1876' pump 155x gal & 565x 60/40 pool 4%			
			718' 50 5x 60/40 pool 4% pool			
			62' circulate w/ 20 5x 60/40 pool 4% pool			

TAX \rightarrow 7,009.00

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.

AGENT OF OWNER
 OR CONTRACTOR:

Checked By	By	Coded By	By	TOTAL \rightarrow
RK	RK	RK	RK	

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.



Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

PRESSURE PUMPING Job Log

Customer:	Edison Operating	Cement Pump No.:	38119-19570	Operator TRK No.:	96815
Address:		Ticket #:	1718-19454 L	Bulk TRK No.:	33021-14284
City, State, Zip:		Job Type:	Z41 - Plug to Abandon		
Service District:		Well Type:	OIL		
Well Name and No.:	MLP Black 5-2	Well Location:		County:	Haskell
				State:	Ks

Type of Cmt	Sacks	Additives	Truck Loaded On		
60/40 POZ	150	4%GEL	33021-14284	Front	Back
				Front	Back
				Front	Back

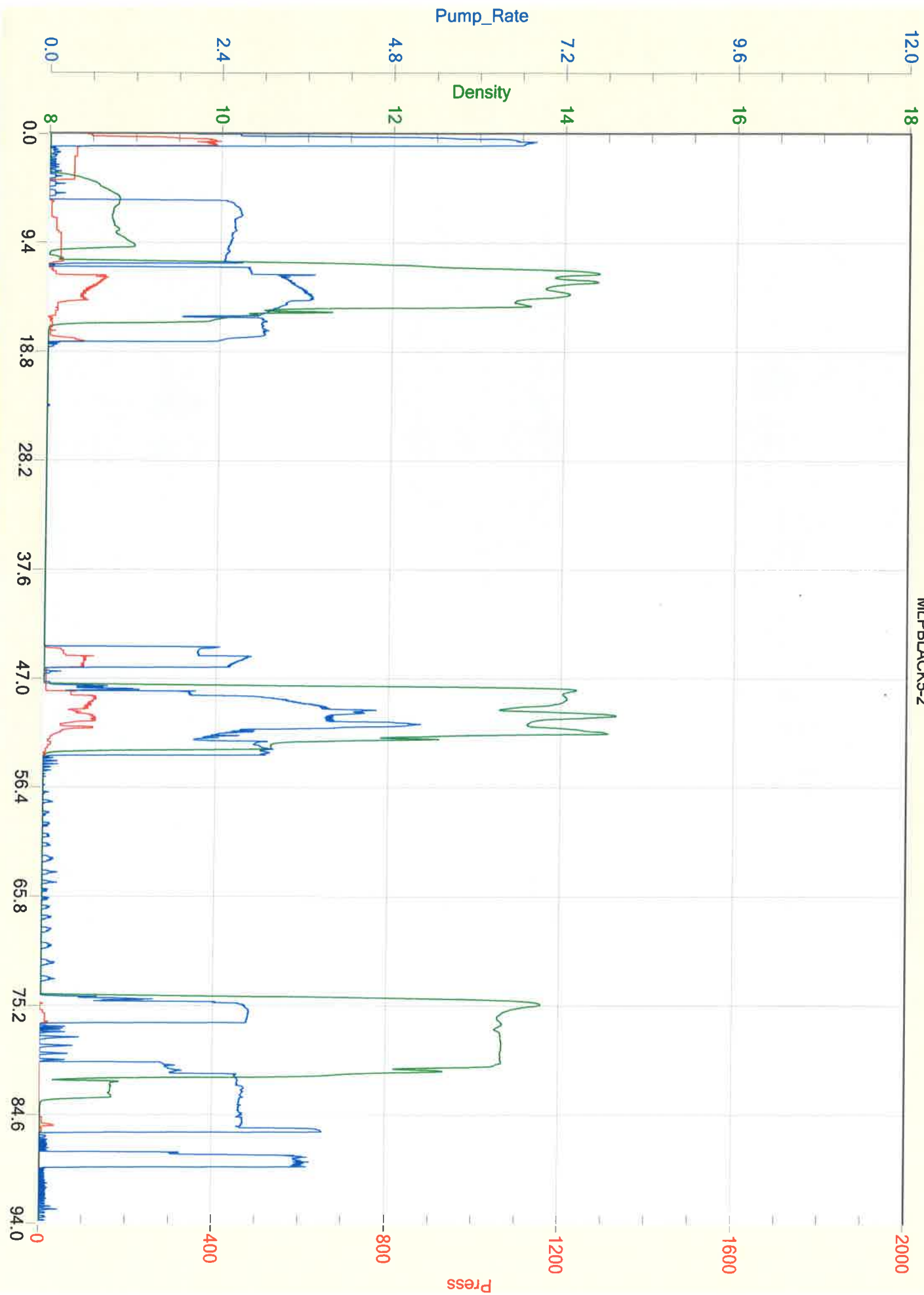
Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
Lead:	13.5	1.5	7.5	225	Man Hours:	
Tail:					# of Men on Job:	3

Time (am/pm)	BPM	Volume (BBLs)	Pumps		Pressure(PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
8:15							ON LOC, SAFTEY MTG, R.U.
9:25	3.4	15			20		MIX 15SX GEL
9:30 AM	3.4				100		MIX 50 SX @ 1800'
9:35 AM	3.4	13.3			20		DISPLACE
9:38 AM		5.7					SHUT DOWN
10:04	2.8	4			90		LOAD HOLE
10:08	3.1				120		MIX 50 SX @650'
10:12 AM	3.1	13.3					DISPLACE
10:13		1.3					SHUT DOWN
10:35	3				20		MIX 20SX @ 60'
10:38		5					SHUT DOWN
10:40		0.25					TOP OFF WELL
10:41							WASHUP P&L
							JOB COMPLETE
							THANK YOU FOR YOUR BUSINESS!!!!

Size Hole	Depth			TYPE	
Size & Wt. Csg.	Depth		New / Used	Packer	Depth
tbg.	Depth			Retainer	Depth
Top Plugs	Type			Perfs	CIBP

Customer Signature:	Basic Representative:	CHAD HINZ
	Basic Signature:	
	Date of Service:	5/3/2019

EDISON MLPBLACKS-2





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

FIELD TICKET No.

- 3569

DATE 5/2/19
 UNIT # 0561

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Edison Operating Company LLC</u>	LEASE <u>Lucas</u>	WELL NO. <u>3</u>
ADDRESS	FIELD	STATE <u>KS</u> COUNTY <u>Haskell</u>
	LOCATION <u>Sec 22 Twp 28 S034</u>	
CITY	CASING SIZE & WT.	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>Case hole</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>1</u>			
<u>75-820-0055</u>	<u>5 1/2 Bridge Plug Set at 5450</u>		<u>1</u>			
<u>70-249-0200</u>	<u>Dump Bailor 2 Sacks</u>		<u>1</u>			
<u>75-820-0055</u>	<u>5 1/2 Bridge Plug Set at 5165</u>		<u>1</u>			
<u>70-249-0200</u>	<u>Dump Bailor 2 Sacks</u>		<u>1</u>			
<u>70-252-0055</u>	<u>Casing Cutter 5 1/2 @ 1874</u>		<u>1</u>			
<u>70-252-0055</u>	<u>Casing Cutter 5 1/2 @ 1800</u>		<u>1</u>			
<u>2-Primary 2-second</u>	<u>2 Power charges 4 Sacks count</u>					
CALLED OUT		ON LOCATION		COMPLETED		TOTAL SERVICE & MATERIALS
Time	Time	Time		DISCOUNT		
Date	Date	Date		TAX		
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED						TOTAL CHARGES

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)	Hours	Initials
<u>Wardner</u>		
<u>Quzman</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 Levi Wardner

X 3/19/19
 CUSTOMER REPRESENTATIVE

White - Main Canary - Customer Pink - Field