

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 August 26, 2019
 INVOICE # 1110

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 Bohrer A
Well Number 2-35
County Kingman
State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	7/22/2019 Work Ticket #046		
1.0	Service Man Charge	500.00	500.00
220.0	Mileage	1.50	330.00
18.0	Cement	15.00	270.00
1.0	Casing Equipment	750.00	750.00
SUBTOTAL			1,850.00
TAX RATE			8.00%
SALES TAX			148.00
TOTAL			\$ 1,998.00



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 OLD WELL

DATE ISSUED 7-22-15 SHIPPED FROM: (DISTRICT) Pratt

SOLD TO	Edison Operating	SHIPP TO	WELL NO.	FIELD	COUNTY	STATE
			2-35		Bohner	KS
		LEASE				

ITEM	QUANTITY	COMMODITY NO.	DESCRIPTION	UNIT CONTROL CODE	DISC.	NET AMOUNT
01	1		Service man charge to run casing tongs (7-22-15)			500 00
02	110		Car mileage (7-22-15)			165 00
03	18		18 SR portland to top of surface pipe (7-24-15)			270 00
04	110		Car mileage (7-24-15)			165 00
			5 rd C/BP @ 3230' & dump base 1' 2 SR cont on C/BP			
			cut 4 1/2" @ 1448' lay down 4 1/2" (7-22-15)			
			R1H w/ tubing to 1450' & pump 50 SR CLS			
			3% CC, portland w/ tubing, tag cut @ 1100'			
			R1H w/ 135 to 500' & pump 35 SR, pull to 350'			
			& circulate cnt to surface w/ 115 SR (7-23-15)			
05	1		4 1/2" casing tongs, slips, elevators & lay down equip (7-23-15)			750 00
						1850 00
TAX						148 00
TOTAL						2898 00

Barry LeHoy
REPRESENTATIVE

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 _____ Coded By _____
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.



INVOICE

DATE August 8, 2019
 INVOICE # 1082

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 Bohrer A
Well Number 2-35
County Kingman
State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	7/22/2019 Work Ticket #27373		
10.5	Rig 17 Operator & 2 men	240.00	2,520.00
3.0	Gal Wash Gas	3.00	9.00
	7/23/2019 Work Ticket #27374		
9.0	Rig 17 Operator & 2 men	240.00	2,160.00
1.0	Tongs	100.00	100.00
1.0	Thread Lube	50.00	50.00
3.0	Gal Wash Gas	3.00	9.00
	7/24/2019 Work Ticket #27375		
3.5	Rig 17 Operator & 2 men	240.00	840.00
SUBTOTAL			5,688.00
TAX RATE			8.00%
SALES TAX			455.04
TOTAL			\$ 6,143.04

ALLIANCE WELL SERVICE, INC.

No 27373

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 7-22-19

COMPLETE

INCOMPLETE

COMPANY Edison Operating

JOB TYPE Plug Job

ADDRESS _____

LEASE BOHAER A WELL # 2-35

CITY / STATE _____ ZIP CODE _____

SEC _____ TWP _____ ANG _____

CITY / STATE _____ ZIP CODE _____

COUNTY Kingman STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Rich Immediato</u>	<u>10 1/2</u>		<u>2</u>	<u>12 1/2</u>
DERRICK HAND	<u>Les Adams III</u>	<u>10 1/2</u>			<u>10 1/2</u>
FLOOR HAND	<u>Shawn Miracle</u>	<u>10 1/2</u>			<u>10 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. Area Safety Meeting, Rig up over well, Break Well Head apart, Remove 1-58 of 2 1/2" fittings out well, MERU Log Truck & job OERD @ 3230' w/ 2-58's Cement, Dig out Csg Head & unhang 8 1/2" Csg. Work Csg After loading w/ water, bot Csg free @ 1741' Rig up Log Truck & shoot Csg @ 1749' Csg free, Rig log truck down, Finish Rigging up 1 1/2" Equipments Cased w/ 1-58 & 2-58's of 4 1/2", Shut Csg in Clean up tools 5:00 PM DT-Y

Double Drum Rig w/2 Men	<u>10.5</u>	Hrs @	<u>240</u>	Per Hour	Total	<u>2520</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 3-Gal</u>					Total <u>9</u>
Misc						Total
Misc						Total
Misc						Total
Misc						Total
Misc						Total
Misc						Total
x						Total

Company Representative _____ Date _____

TOTAL

ALLIANCE WELL SERVICE, INC.

No 27374

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 7-23-19

COMPLETE

INCOMPLETE

COMPANY Edison Operating

JOB TYPE Plug Job

ADDRESS _____

LEASE BOHREA A WELL # 2-35

CITY / STATE _____ ZIP CODE _____

SEC _____ TWP _____ ANG _____

COUNTY Kingsman STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Rich Edwards, Jr</u>	<u>9</u>		<u>1</u>	<u>10</u>
DERRICK HAND	<u>Lee Adams, III</u>	<u>9</u>			<u>9</u>
FLOOR HAND	<u>Shawn Mirack</u>	<u>9</u>			<u>9</u>

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
<u>46</u>	<u>x 4 1/2" CS</u>	TUBING		
<u>1</u>	<u>4 1/2" x 10'</u>	PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

To h.c. Have Safety Meeting, Check Well PSI 2nd Cook laying Down 4 1/2" CS, Rig Log Tools Down & Rig over Top Run Tg, Run 39 JTS of Top, MERE Cement Trucks Pump Cement, Cook w/ Tg, let Well bit 1 1/2 Hrs. Rig up CS Jars & Run in Hole on lead line Tg 1100', PAT, HWT & 9 Tg pump Cement, Will 18 JTS Pump Cement, Cook w/ Rest of Tg laying Down Top Well w/ all Cement, Clean up Tools & LOG, SO ON DRY

Double Drum Rig w/2 Men	<u>9</u>	Hrs @	<u>240</u>	Per Hour	Total	<u>2160</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</u>	<u>x 1</u>		Total	<u>100</u>	
Misc	<u>pipe Wipe</u>	<u>x 1</u>		Total	<u>50</u>	
Misc	<u>Solvent</u>	<u>x 9-013</u>		Total	<u>9</u>	
Misc				Total		
Misc				Total		
Misc				Total		

x _____
Company Representative Date

TOTAL _____

ALLIANCE WELL SERVICE, INC.

No 27375

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 7-24-19

COMPLETE

INCOMPLETE

COMPANY Edison Operating

JOB TYPE Plug Job

LEASE Bohrer N

WELL # 275

ADDRESS _____

SEC _____ TWP _____

ANG _____

CITY / STATE _____ ZIP CODE _____

COUNTY Kingman

STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Rich Immel</u>	<u>3 1/2</u>			<u>3 1/2</u>
DERRICK HAND	<u>Leg Adams III</u>	<u>3 1/2</u>			<u>3 1/2</u>
FLOOR HAND	<u>Shawn Miracle</u>	<u>3 1/2</u>			<u>3 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 Pump 13 sks of Cement Down
Surface Pipe & Fill up Hole, Finish Cleaning up Loc. Rig Down
Move Off.

Double Drum Rig w/2 Men	<u>3.5</u>	Hrs @	<u>240</u>	Per Hour	Total	<u>840</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 _____
Company Representative Date

TOTAL _____



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 18099 A

DATE 7-23-19 TICKET NO. 18099

DATE OF JOB <u>7-23-19</u> DISTRICT <u>Tulsa</u>		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 <u>Edison Operating</u>		LEASE <u>Doehle A</u> WELL NO. <u>23</u>								
ADDRESS		COUNTY <u>Kingman</u> STATE <u>Kansas</u>								
CITY STATE		SERVICE CREW <u>Paul B. Keenan L. Tolson</u>								
AUTHORIZED BY		JOB TYPE: <u>PTA 7-41</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>27463</u>	<u>3.25</u>					<u>7-23</u>				<u>10:00</u>
<u>17960-21610</u>	<u>1.50</u>									<u>10:45</u>
										<u>11:45</u>
										<u>3:00</u>
										<u>3:30</u>
										<u>35</u>

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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
BC 100	Class A Cement	SK	50		1550 -
BC 132	Copier/pcz	SK	150		4050 -
CC 200	Combust Gel	lb	258		129 -
CC 109	Calcium Chloride	lb	150		150 -
MS 101	Light Vehicle Mileage	mi	35		175
MS 102	Heavy equipment Mileage	mi	70		560
CC 2	Depth Charge 1001 2000	Hr	1		1500 -
CC 240	Blending / Mixing Charge	SK	200		280 -
BS 143	Service Supervisor Charge	FA	1		75 -
BS 144	Driver Charge	FA	3		105 -

CHEMICAL / ACID DATA:			

SUB TOTAL		<u>8574</u>
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<u>3789</u>

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>Edison Operating Co.</i>		Lease No.		Date	
Lease <i>Pratt A</i>		Well # <i>2-35</i>		<i>7-23-2019</i>	
Field Order #	Station <i>Pratt, KS #17185</i>	Casing <i>4 1/2"</i>	Depth	County <i>Kingman</i>	State <i>Kansas</i>
Type Job			Formation	Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth	Depth <i>1450</i>	From	To	Pre Pad	Max		5 Min.
Volume	Volume <i>600</i>	From	To	Pad	Min		10 Min.
Max Press	Max Press <i>1200</i>	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>Randy Withers</i>	Station Manager <i>Justin Westerman</i>	Treater <i>Paul Baldwin</i>
Service Units <i>77463 1976-20</i>		
Driver Names <i>Kevin L. Jones</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>11:45 AM</i>					<i>on location w/ 1000 PSI Ann Tubing @ 1450 in 7 1/2" Hole Loaded</i>
		<i>1000</i>	<i>6</i>	<i>3</i>	<i>Ramp Tubing CAP</i>
		<i>1000</i>	<i>10.5</i>	<i>3</i>	<i>mix 50% A + 3% C</i>
		<i>1000</i>	<i>4</i>	<i>3</i>	<i>Displace with Freshwater</i>
					<i>wait 1 1/2 hours TAB Cement @ 1100</i>
<i>2:00 PM</i>		<i>1000</i>	<i>8.75</i>	<i>3</i>	<i>(2nd plug) 90'</i>
		<i>1000</i>	<i>2.50</i>	<i>3</i>	<i>mix + pump 35% x 60/40/20</i>
					<i>Displace with 2 1/2 Bbls Fresh</i>
					<i>3rd plug 340' circulate cement</i>
<i>3:30 PM</i>		<i>1000</i>	<i>30</i>	<i>4.5</i>	<i>to surface + Top off with 115% x 60/40/20</i>



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

FIELD TICKET No.

- 3888

DATE 7-22-19

UNIT # 0541

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER <u>Edison</u>		LEASE <u>Bohler A</u>	WELL NO. <u>2-35</u>
ADDRESS		FIELD <u>Bohler South</u>	STATE <u>KS</u>
		LOCATION <u>Sec 35-295-91W</u>	COUNTY <u>Kingman</u>
CITY	CASING SIZE & WT.	TBG. SIZE	
STATE	ZIP	TYPE OF JOB <u>Cased 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>7</u>	
<u>75-220-0045</u>	<u>4 1/2 Bridge plug set at 3230</u>		<u>1</u>		
<u>70-291-0200</u>	<u>Dump Boiler 2 Sacks count</u>		<u>1</u>		
<u>77-251-0100</u>	<u>SPLIT slot at 1448</u>		<u>1</u>		
	<u>1 split slot</u>				
	<u>2 Sacks Count</u>				
	<u>1 Primary</u>				
	<u>1 Secondary</u>				
	<u>1 Service charge</u>				
	<u>1 4 1/2 Bohler Plug</u>				

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX TOTAL CHARGES
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*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

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

Employee Name (Print)	Hours	Initials
<u>Wendy Phoenix</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 Wendy Phoenix

X Bobby Wilson
 CUSTOMER REPRESENTATIVE

White - Main Canary - Customer Pink - Field