

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 September 3, 2019
 INVOICE # 1119

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 Heskamp
Well Number 3-23
County Haskell
State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
4.0	8/20/2019 Work Ticket #27288 Rig 17 Operator & 2 men	240.00	960.00
6.0	8/21/2019 Work Ticket #27290 Rig 17 Operator & 2 men	240.00	1,440.00
1.0	Tongs	100.00	100.00
2.0	Gal Wash Gas	3.00	6.00
3.0	Per Diem	150.00	450.00
1.0	8/21/2019 Work Ticket #050 Service Man Charge	500.00	500.00
130.0	Car Mileage	1.50	195.00
8.0	8/22/2019 Work Ticket #27291 Rig 17 Operator & 2 men	240.00	1,920.00
1.0	Tongs	100.00	100.00
SUBTOTAL			5,671.00
TAX RATE			7.00%
SALES TAX			396.97
TOTAL			\$ 6,067.97

ALLIANCE WELL SERVICE, INC.

No 27288

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 8-20-19

COMPLETE

INCOMPLETE

COMPANY Elison Operating

JOB TYPE Plug Job

LEASE Heskamp

WELL # 3-23

ADDRESS _____

SEC _____ TWP _____

ANG _____

CITY / STATE _____ ZIP CODE _____

COUNTY Flaskell

STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Rich Ingersoll</u>	<u>4</u>			<u>4</u>
DERRICK HAND	<u>Les Adams III</u>	<u>4</u>			<u>4</u>
FLOOR HAND	<u>Shawn Miracle</u>	<u>4</u>			<u>4</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, Blow Well Down, Break Well Head
Apout & Check whats in Hole, Repack Well Head etc, Dig out
Cellar & Put Circulating Hose on Cig HORN, GO LOAD 60 348
of 2 3/8 Tg ON Trailer & Spot in on Well, 50 ON ATM

Double Drum Rig w/2 Men	<u>4</u>	Hrs @	<u>240</u>	Per Hour	Total	<u>960</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 _____

ALLIANCE WELL SERVICE, INC.

No 27290

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 8-21-19

COMPLETE

INCOMPLETE

COMPANY Edison Operations

JOB TYPE Plug Job

LEASE HEBKAMP WELL # 3-23

ADDRESS _____

SEC _____ TWP _____ ANG _____

CITY / STATE _____ ZIP CODE _____

COUNTY MASKELL STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Rich Immediate</u>	<u>6</u>			<u>6</u>
DERAICK HAND	<u>Les Adams III</u>	<u>6</u>			<u>6</u>
FLOOR HAND	<u>Shawn Miracle</u>	<u>6</u>			<u>6</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. with rig, have safety meeting, rig up over well, break well head apart & pull subs out, move in & rig up log truck, set CIAP @ 2615' w/ 2-5kg cement, rig up log equipment & run 60-575 off trailer down too 1811' loan cost with water & tank truck, shut well in over night clean up tools & loc D.T.M

Double Drum Rig w/2 Men	<u>6</u>	Hrs @ <u>240</u>	Per Hour	Total <u>1440</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>Big Tanks x 1</u>			Total <u>100</u>	
Misc <u>Solvent x 2</u>			Total <u>6</u>	
Misc <u>Per Dem x 3</u>			Total <u>450</u>	
Misc _____			Total _____	
Misc _____			Total _____	
Misc _____			Total _____	

x _____
Company Representative Date

TOTAL _____
Taylor Printing, Inc. • 620-672-3656



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: 7-21-15
 SHIPPED FROM: (DISTRICT) Medco

SOLD TO: Edison Operating
 S H I P
 WELL NO. 3-23
 FIELD: Haskamp
 COUNTY: Haskell
 LEASE: Haskamp
 STATE: KS

ITEM	QUANTITY	COMMODITY NO.	DESCRIPTION	UNIT CONTROL CODE	DISC.	NET AMOUNT
01	1		Service man charge to PTA old well			500.00
02	130		Car mileage Set C13P @ 2215' + dump bail 25x cont on C13P lead casing (8-21-15) R1H w/ tubing to 1811' + circulate cont to Surface w/ 1415' sx ch H, poth w/ tubing top of w/ 25 sx, pressure up to 500 on surface pipe w/ 25x (8-22-15)	150		195.00

Barbara Weimer
 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: _____

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.

Checked By: [Signature]
 Coded By: [Signature]
TOTAL _____

ALLIANCE WELL SERVICE, INC.

No 27291

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 8-22-19

COMPLETE

INCOMPLETE

COMPANY Edison Operating

JOB TYPE Plug Job

LEASE HESKAMP

WELL # 3-23

ADDRESS

SEC TWIP

ANG

CITY / STATE ZIP CODE

COUNTY Haskell

STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	Rich Ingram D. J. P.	8			8
DERRICK HAND	Les Adams III	8			8
FLOOR HAND	Shawn Miracle	8			8

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 Marking, Rig Back up over well, Move in & Rig up Cement Trucks. Pump Cement, Cool w/ the laying down on trailer. Top well old w/ cement, total 170 SKS class H, Remove Prod Head clean up loc. Rig Down Move off.

Double Drum Rig w/2 Men	8	Hrs @	240	Per Hour	Total	1920	
Travel Time		Hrs @		Per Hour	Total		
Swab Cups No.		Size		Type	Per Each	Total	
Swab Cups No.		Size		Type	Per Each	Total	
Misc	Tag Tongue	X	1			Total	100
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	

x _____
Company Representative Date

TOTAL



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.:	38750-19842 3 HRS	Operator TRK No.:	96815	
Address:		Ticket #:	1718-19648 L	Bulk TRK No.:	27808-19578	
City, State, Zip:		Job Type:	Z41 - Plug to Abandon			
Service District:		Well Type:	OIL			
Well Name and No.:	Hesskamp 3-23	Well Location:	County:	Haskell	State:	Ks

Type of Cmt	Sacks	Additives	Truck Loaded On		
H	170	NEAT	27808-19578	Front	Back
				Front	Back
				Front	Back

Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
Lead:	15.6	1.18	5.22	1.18	Man Hours:	17
Tail:					# of Men on Job:	3

Time (am/pm)	(BPM)	Volume (BBLs)	Pumps		Pressure(PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
7:30							ON LOC, SAFTEY MTG, R.U.
8:53	2	3			160		H2O
8:57 AM	2	30.5			300		MIX 145 SX @ 15.6#
9:12 AM	2	1					H2O
9:14 AM							TOOH
10:04	1						TOP OFF WELL W/ 25 SX
10:11					200		PSI UP SURFACE
10:13 AM							WASHUP
							JOB COMPLETE
							THANK YOU FOR YOUR BUSINESS!!!

Size Hole		Depth			TYPE	
Size & Wt. Csg.	4 1/2 11.6	Depth		New / Used	Packer	Depth
tbg.	2 3/8	Depth	1811'		Retainer	Depth
Top Plugs		Type			Perfs	CIBP

Customer Signature:	Basic Representative:	CHAD HINZ
	Basic Signature:	
	Date of Service:	8/22/2019



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

FIELD TICKET No.

- 3892

DATE P-21-19
 UNIT # 0561

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Edison</u>	LEASE <u>Herkamp</u>	WELL NO. <u>3-23</u>
ADDRESS	FIELD	STATE <u>KS</u> COUNTY <u>Haskell</u>
	LOCATION <u>Sec 23 29 32</u>	
CITY	CASING SIZE & WT.	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>Causal Job</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>75-820-0045</u>	<u>4 1/2 Bridge Plug Set at 2615</u>		<u>1</u>			
	<u>2115</u>					
<u>70-299-0200</u>	<u>Pump Barrel 2 sacks Cement</u>		<u>1</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>Wooden</u>		
<u>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 Ben Wooden

X [Signature]
 CUSTOMER REPRESENTATIVE

White - Main Canary - Customer Pink - Field