

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 # 1118

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 Flory
Well Number 2-1
County Haskell
State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	8/20/2019 Work Ticket #27287		
8.0	Rig 17 Operator & 2 men	240.00	1,920.00
3.0	Per Diem	150.00	450.00
	8/21/2019 Work Ticket #27289		
5.0	Rig 17 Operator & 2 men	240.00	1,200.00
1.0	Tongs	100.00	100.00
2.0	Gal Wash Gas	3.00	6.00
	8/21/2019 Work Ticket #051		
1.0	Service Man Charge	500.00	500.00
130.0	Car Mileage	1.50	195.00
	8/22/2019 Work Ticket #27292		
4.0	Rig 17 Operator & 2 men	240.00	960.00
SUBTOTAL			5,331.00
TAX RATE			7.00%
SALES TAX			373.17
TOTAL			\$ 5,704.17

ALLIANCE WELL SERVICE, INC.

No 27287

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 Edison Operating

JOB TYPE PLUG JOB

ADDRESS _____

LEASE FLORY

WELL # 2-1

CITY / STATE _____ ZIP CODE _____

SEC _____ TWP _____

ANG _____

COUNTY HASKELL

STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Nick Eugene Dube</u>	<u>8</u>		<u>1 1/2</u>	<u>9 1/2</u>
DERRICK HAND	<u>KEVIN ADAMS III</u>	<u>8</u>			<u>8</u>
FLOOR HAND	<u>Shawn Miracle</u>	<u>8</u>			<u>8</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 Blocking, Blow Well Down, Spool Rig in, Dig out Cellar, Unpack Well Head, Leave Job in Hole, Repack Head, Set up Tbg Seals, Move in 2 3/8" Tbg Job Trailer & Put on Seals, SP & TM

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	<u>per Dem x 3</u>				<u>@ 150</u>	Total	450
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	
x						Total	

Company Representative _____ Date _____

TOTAL

ALLIANCE WELL SERVICE, INC.

No 27289

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 Operating

JOB TYPE Plug Job

LEASE Flomj WELL # 2-1

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 Tramm</u>	<u>5</u>			<u>5</u>
DERRICK HAND	<u>Les Adams 116</u>	<u>5</u>			<u>5</u>
FLOOR HAND	<u>Thawla Minards</u>	<u>5</u>			<u>5</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 have Safety Meeting, Plug up over well, Rig up Tools & equipment, Move in Rig up Log Truck & Set CTRP @ 2640 w/ 2-500 Cement, Rig Log Truck Down (PTH w/ 40 JTS off Ground, Land Rig in Hoop After Loading Log HS-BBLs, Pack well Hoop off Rig Down Move off.

Double Drum Rig w/2 Men	<u>5</u>	Hrs @	<u>240</u>	Per Hour	Total	<u>1200</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>1 1/2 Tongs</u>	<u>x</u>	<u>1</u>		Total	<u>100</u>
Misc	<u>Solvent</u>	<u>x</u>	<u>2.015</u>		Total	<u>6</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	

x _____
Company Representative Date

TOTAL



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

DATE ISSUED 8-21-19 SHIPPED FROM: (DISTRICT) Meride

NEW WELL OLD WELL

SOLD TO Edison Operating

SHIP TO	SHP	WELL NO.	FIELD	COUNTY	LEASE	STATE
	IP	2-4		Harwell		Ks

ITEM	QUANTITY	COMMODITY NO.	DESCRIPTION	UNIT CONTROL CODE	DISC.	NET AMOUNT
01	1	-	Service men charge to Pt # old well			500.00
02	130	m/ks	car mileage			195.00
			set CIBP @ 2640' & dump br.l. 25x cnt on			
			CIBP, R11 w/ tubing to 1843' & load casing (8-21-19)			
			circulate cement to surface w/ 158 sx cbs 14			
			POOLH w/ tubing, top off w/ 36 sx pressure			
			UP surface pipe to 500 FT w/ 12 SX			

TAX

Barry Williams 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: [Signature]

Checked By [Signature] Coded By [Signature] TOTAL

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.

ALLIANCE WELL SERVICE, INC.

No 27292

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 Flory WELL # 2-1

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>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. Rig up over well. Run 20 JTS at
the in down to 1843' Made in Rig up Cement Truck & Pump 153
3Ks Cement, COOH laying top down on seals, Top well off w/
36 SKS, Remove Prod Head Clean up Loc, Rig Down Made off

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	
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	Operator TRK No.:	96815
Address:		Ticket #:	1718-19649 L	Bulk TRK No.:	27808-19578
City, State, Zip:		Job Type:	Z41 - Plug to Abandon		
Service District:		Well Type:	OIL		
Well Name and No.:	FLORY 2-4	Well Location:		County:	Haskell
				State:	Ks

Type of Cmt	Sacks	Additives	Truck Loaded On		
H	189	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	223.02	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	
11:30							ON LOC SAFTEY MTG, R.U.
12:31	3	3			350		H2O
12:34 PM	2.2	32			200		START MIXING @ 15.6# 153 SX
12:47 PM	2	1			200		H2O
12:48 PM							TOOH W/ TUBING
13:48	1	3					TOP OFF WELL
13:57	0.9	2.5				150	HOOK TO SURFACE, TOP OFF
2:00 PM							WASHUP
							JOB COMPLETE
							THANK YOU FOR YOUR BUSINESS!!!

Size Hole		Depth		TYPE	
Size & Wt. Csg.	4 1/2 11.6	Depth		Packer	Depth
tbg.	2 3/8	Depth	1843'	Retainer	Depth
Top Plugs		Type		Perfs	CIBP

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



1700 S. Country Estates Raod
Liberal, KS 67901
PH (620)-624-2277FAX (620) 624-2280

SERVICE ORDER - 1718-19649 L

Date: 8/22/2019

Well Name: FLORY 2-4 Location:

County - State: Haskell, Ks RRC #:

Type Of Service: Z41 - Plug to Abandon Customer's Order #:

Customer: Edison Operating

Address:

As a consideration, the above named Customer agrees to pay Basic Energy Services in accord with the rates and terms stated in Basic Energy Services current price lists. Invoices are payable NET 30 (SEE 10.2) after date of invoice.

Basic Energy Services, warrants only title to the products, supplies and materials and that the same are free from defects in workmanship. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE.

Table with columns: CODE, QTY, UOM, DESCRIPTION, PRICE, TOTAL. Rows include items like BC103 (Class H Cement), ME102 (Heavy Equipment Mileage), CE240 (Blending & Mixing Service Charge), TM (Ton Mileage), CC2 (Depth Charge), CE505 (Cement Densimeter), BE143 (Supervisor), BE144 (Driver), ME101 (Light Vehicle Mileage). Totals: Book Total: \$9,915.60, Taxes, Disc. Price: \$5,030.30

PUMP TRUCK NUMBER: 38750-19842

DRIVER:

THIS JOB WAS SATISFACTORILY COMPLETED
OPERATION OF EQUIPMENT WAS SATISFACTORY
PERFORMANCE OF PERSONEL WAS SATISFACTORY

BASIC ENERGY SERVICES

CUSTOMER OR HIS AGENT

Customer Comments or Concerns:



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

FIELD TICKET No.

- 3891

DATE 8-21-19

UNIT # 0561

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER <u>Edison</u>		LEASE <u>Flory</u>	WELL NO. <u>2-1</u>
ADDRESS		FIELD	STATE <u>KS</u> COUNTY <u>Haskell</u>
		LOCATION <u>Sec 7 Twp 29 26W</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>75-210-0045</u>	<u>4 1/2 Bridge Plug set at 2640</u>		<u>1</u>		
<u>70-299-0200</u>	<u>Dump Banker 2 sock cement</u>		<u>1</u>		

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ 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>Wooden 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 Wooden Phoenix

X Bobby Miller
 CUSTOMER REPRESENTATIVE

White - Main Canary - Customer Pink - Field