

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 18, 2019
 INVOICE # 1147

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 A
Well Number 1-3
County Haskell
State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
13.0	9/4/2019 Work Ticket #27616 Rig #18 Operator & 2 men	240.00	3,120.00
4.0	Per Diem	150.00	600.00
1.0	9/5/2019 Work Ticket #052 Service Man Charge	500.00	500.00
130.0	Car Mileage	1.50	195.00
10.0	9/5/2019 Work Ticket #27617 Rig #18 Operator & 2 men	240.00	2,400.00
2.0	Tongs	100.00	200.00
1.0	Thread Lube	50.00	50.00
4.0	Per Diem	150.00	600.00
SUBTOTAL			7,665.00
TAX RATE			7.00%
SALES TAX			536.55
TOTAL			\$ 8,201.55

ALLIANCE WELL SERVICE, INC.

No 27616

470 Yucca Lane • Pratt, KS 67124
24 Hour Phone: 620-672-9100 • Fax: 620-672-5020

WORK TICKET
NEW WELL
OLD WELL
RIG # 18

DATE 9-4-19
COMPLETE
INCOMPLETE

COMPANY Eddison
ADDRESS _____
CITY / STATE _____ ZIP CODE _____

JOB TYPE Plug
LEASE MLP Black A WELL # 1-3
SEC _____ TWP _____ ANG _____
COUNTY Haskell STATE Ks

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</u>	<u>13</u>			<u>13</u>
DEARICK HAND	<u>Russell Waller</u>	<u>13</u>			<u>13</u>
FLOOR HAND	<u>Colby Sactain</u>	<u>6</u>			<u>6</u>
	<u>Josh Keller</u>	<u>13</u>			<u>13</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 location w/cig, S.I.R.W. dig up broken head, dig pit, r.w. wireline, Set C.I.B.P @ 5550 w/ 1/2" C.C., load csng, csng wouldn't load, Set 2nd C.I.B.P @ 1850' load csng, run bond log, Shoot per f holes @ 650' r.d. wireline, Secure well, Shut down, drive to hotel.

Double Drum Rig w/2 Men	<u>13</u>	Hrs @	<u>240</u>	Per Hour	Total	<u>3120</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>per diem x 4</u>			<u>@150</u>		Total	<u>600</u>
Misc _____					Total	
Misc _____					Total	
Misc _____					Total	
Misc _____					Total	
Misc _____					Total	
x _____					Total	

TOTAL

Company Representative

Date



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

052

DATE ISSUED: 9-5-15
 SHIPPED FROM: (DISTRICT) *Macle*

SOLD TO: *Edison Operating*

SHIP TO: _____

WELL NO. *A1-3* FIELD _____ COUNTY *Washington* STATE *KS*

LEASE *MIP Black*

ITEM	QUANTITY	COMMODITY NO.	DESCRIPTION	UNIT CONTROL CODE	DISC.	NET AMOUNT
01	1	-	Service man charge to PTA old well, set CIBP @ 5250' & dump bail 2 SK out on poles, load hole & broke open csn hole as leading, set 2nd CIBP @ 1820' load hole & run bond log showing scattered cement over bottom of surface pipe & no cement over fresh water @ 650' pack squeezer holes @ 650', RTH w/ tubing to 1810' & pump 255x 60/40 per 4% gel, POOH w/ tubing pump down 5 1/2" casing & up 8 5/8" through squeezer holes @ 650' w/ 145 SK 60/40 per 4% gel, RDMC			500.00
02	130	mileage	car mileage			195.00
TAX						

By: *Berry W. King*
 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: *B*

Checked By *BW* Coded By *BW*

TOTAL **695.00**

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 27617

470 Yucca Lane • Pratt, KS 67124
24 Hour Phone: 620-672-9100 • Fax: 620-672-5020

WORK TICKET

NEW WELL

OLD WELL

RIG # 18

DATE 9-5-19

COMPLETE

INCOMPLETE

JOB TYPE Plug

LEASE MLAD Black A WELL # 1-3

SEC _____ TWP _____ ANG _____

COUNTY Haskell STATE KS

COMPANY Eddison

ADDRESS _____

CITY / STATE _____ ZIP CODE _____

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</u>	<u>10</u>			<u>10</u>
DERRICK HAND	<u>Russell Waller</u>	<u>10</u>			<u>10</u>
FLOOR HAND	<u>Colby Sustain</u>	<u>10</u>			<u>10</u>
	<u>Josh Keller</u>	<u>10</u>			<u>10</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 location, T.I. Hw/56 jts, pump 1st plug @ 1810', pull tbg, take working head off, put 5x2 swedge on pump cement to surface, wash up col. Cementer's R.I.M.O., take rig to Cimmaron

Double Drum Rig w/2 Men	<u>16</u>	Hrs @	<u>240</u>	Per Hour	Total	<u>2400</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>Thy tings x 5</u>					Total	<u>200</u>
Misc	<u>th dope x 1</u>					Total	<u>50</u>
Misc	<u>per diem x 4</u>					Total	<u>600</u>
Misc						Total	
Misc						Total	
Misc						Total	

x _____
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.

- 4150

DATE 9/3/19
UNIT # 3362

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Edison Operating</u>	LEASE <u>MLP Black</u>	WELL NO. <u>1A-3</u>
ADDRESS	FIELD	STATE <u>Ks.</u> COUNTY <u>Haskell</u>
CITY	LOCATION <u>3-30s-34w 2310' FSL & 1750' FEL</u>	TBG. SIZE
STATE	CASING SIZE & WT. <u>5 1/2"</u>	TYPE OF JOB <u>CIRP - dump bailer -</u>
ZIP		

ORDERED BY	TITLE	SERVICE SUPV.			
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>75-210-1000</u>	<u>Service Charge</u>				
<u>75-210-0055</u>	<u>5 1/2" CIRP @ 5250</u>				
<u>75-220-0055</u>	<u>5 1/2" CIRP @ 1820</u>				
<u>75-299-0200</u>	<u>Dump Bail 2 SA cement on CIRP @ 5250'</u>				
<u>75-214-0700</u>	<u>GR CCL Bond Log</u>				
	<u>Depth Charge D-3070</u>				
<u>75-212-0700</u>	<u>GR CCL Bond Log</u>				
	<u>Operations Charge D-3070</u>				
<u>75-215-0100</u>	<u>Per L 3' shots @ 650'</u>				

CALLED OUT _____ Time _____ Date	ON LOCATION <u>10:00</u> Time <u>9/3/19</u> Date	COMPLETED <u>3:15</u> Time <u>9/2</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>Buras</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 Ryan Gottschalk

X [Signature]
CUSTOMER REPRESENTATIVE

White - Main Canary - Customer Pink - Field



BASICSM
ENERGY SERVICES

PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1007020	1718	09/06/2019
INVOICE NUMBER			
93043829			

Pratt (620) 672-1201
 B EDISON OPERATING COMPANY LLC
 I 8100 E 22ND ST N
 L WICHITA
 L KS US 67226
 T
 O ATTN: DAVID WITHROW

J LEASE NAME MLP BLACK "A" 1-3
 O LOCATION
 B COUNTY HASKELL
 S STATE KS
 I JOB DESCRIPTION Cement-Casing Seat-Prod W
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
41189286			Net - 30 days	10/06/2019

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/05/2019 to 09/05/2019</i>				
0041189286				
171819660L Cement-Casing Seat-Prod W 09/05/2019 PLUG TO ABANDON				
60/40 Poz	170.00	SK	12.00	2,040.00
Heavy Equipment Mileage	60.00	MI	4.00	240.00
Blending & Mixing Service Charge	170.00	SK	0.70	119.00
Ton Mileage	258.00	MI	1.50	387.00
Depth Charge, 1001'-2000'	1.00	HR	750.00	750.00
Cement Densimeter, with chart recorder	1.00	EA	175.00	175.00
Service Supervisor Charge	1.00	EA	75.00	75.00
Driver Charge	3.00	EA	35.00	105.00
Light Vehicle Mileage	30.00	MI	2.50	75.00

*Cement to Plug well
9080
RM*

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	3,966.00
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	0.00
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	3,966.00
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



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.:	38117, 19919 3Hrs.	Operator TRK No.:	96816	
Address:		Ticket #:	1718 19660 L	Bulk TRK No.:	30463, 14284 Marc, Oscar	
City, State, Zip:		Job Type:	Z41 - Plug to Abandon			
Service District:	1718 - Liberal, Ks.	Well Type:	OIL			
Well Name and No.:	MLP Black "A" 1-3	Well Location:	County:	Haskell	State:	Ks

Type of Cmt	Sacks	Additives	Truck Loaded On	
60/40 Poz	170	4% Total gel	30463, 14284 Marc, Oscar	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	255	TT Man Hours:	31
Tail:					# of Men on Job:	4

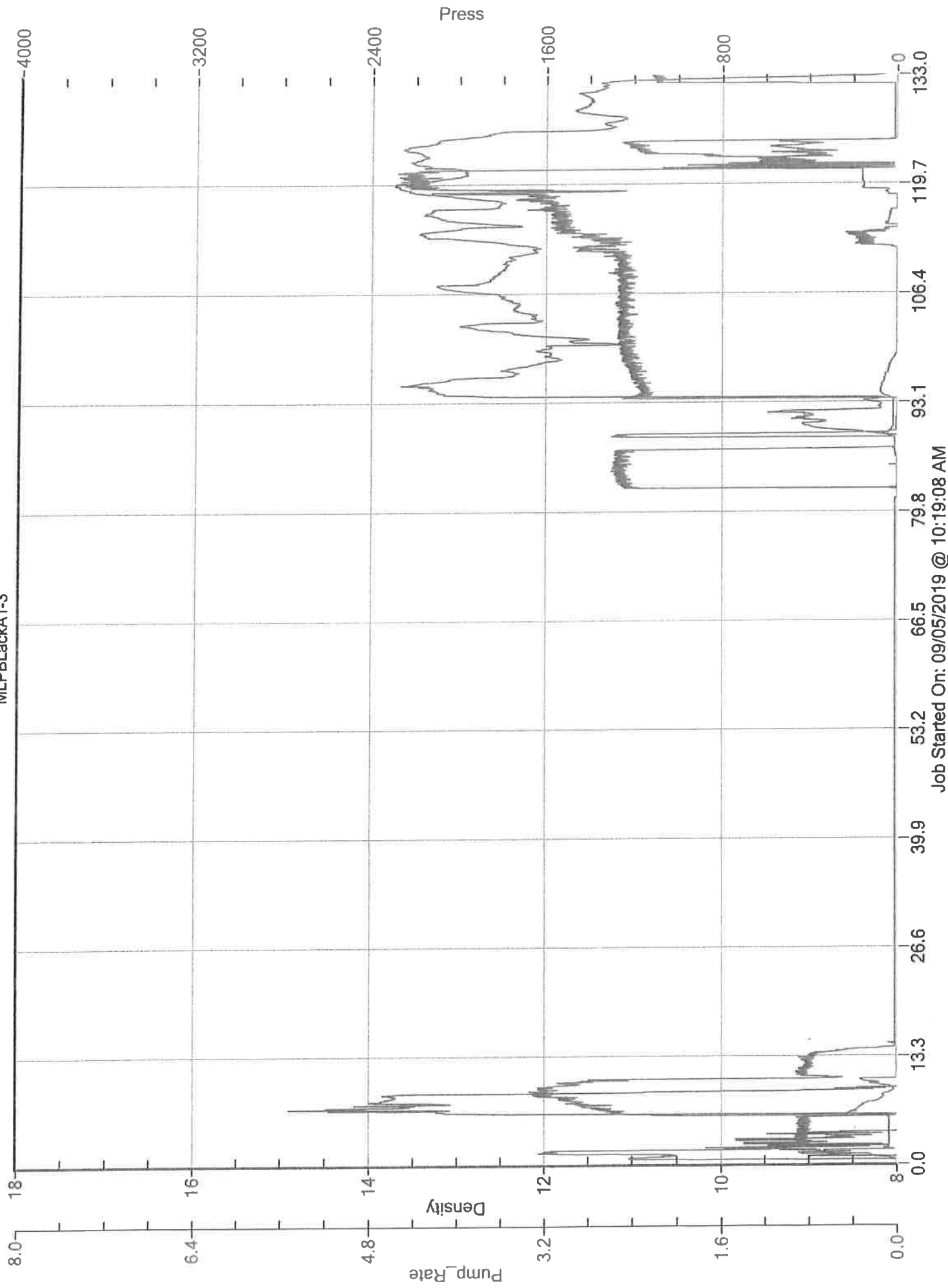
Time (am/pm)	(BPM)	Volume (BBLs)	Pumps		Pressure(PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
9:30							ON LOCATION & SAFETY MEETING
9:45							RIG UP
10:21 AM							CIRCULATE / LOADED W/ 1BBL
	3	3			300		CIRCULATE W/ 3BBL
10:25 AM	2.5	6.6 slurry			220		PUMP 25SX @ 13.5# / 1810'
10:28	3	5.8			40		DISPLACE W/ 5.8BBL
10:30							SHUTDOWN / PULL TB
11:42 AM	2.5	3.5			50		CIRCULATE W/3.5BBL
11:49	2.5	38.7 slurry					PUMP 145SX @ 13.5# / 650' TO SURFACE
12:25							CEMENT TO SURFACE / SHUTDOWN
							JOB COMPLETE

Size Hole	8 5/8"	Depth		TYPE		Swage	
Size & Wt. Csg.	5 1/2" 15.5#	Depth		Packer		Depth	
tbg.	2 3/8" 4.7#	Depth		Retainer		Depth	
Plugs	1810'	650'		Perfs		CIBP	

Customer Signature: <i>[Signature]</i>	Basic Representative:	Daniel Beck
	Basic Signature:	<i>[Signature]</i>
	Date of Service:	9/5/2019

Edison Operating

MLPBLaackA1-3



Job Started On: 09/05/2019 @ 10:19:08 AM