

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



Schmeidler B-4 Plug Job

- 12-2-20 Alliance Well Service, CIBP's have been previously set, dig pits, pick up Tbg, get ready to perforate and plug
- 12-3-20 Alliance Well Service, Hurricane Services, ELI Wireline, Blackhawk Tank Service, RU to perforate @ 1850' / 1362' / 837' RIH w/Tbg to 3300' pump 9 sks gell, POOH w/ Tbg to 1900' pump 190 sks Cmt, circulate to surface, tie on annulus pump 10 sks Cmt, pressure up to 300 psi, POOH w/Tbg, top out w/15 sks Cmt, clean up, RDMO, KCC approved, State Man on location, Pat Staab



INVOICE

DATE December 22, 2020
 INVOICE # 1451

470 Yucca Ln Pratt, KS 67124
 Office Phone (620)672-9100 Fax (620)672-5020

Bill To: EDISON OPERATING COMPANY LLC

Lease Name Schneider
Well Number B#4
County Ellis
State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	12/08/20 Work Ticket #28696		
12.5	Rig #17 Operator & 2 men	190.00	2,375.00
1.0	Tong Trip	100.00	100.00
1.0	Thread Dope	50.00	50.00
8.0	Gal Wash Gas	3.00	24.00
1.0	Working Head	300.00	300.00
	12/09/20 Work Ticket #28697		
12.5	Rig #32 Operator & 2 men	190.00	2,375.00
1.0	Tong Trip	100.00	100.00
1.0	Thread Dope	50.00	50.00
5.0	Gal Wash Gas	3.00	15.00
	12/10/20 Work Ticket #28698		
2.5	Rig #32 Operator & 2 men	190.00	475.00
SUBTOTAL			5,864.00
TAX RATE			9.00%
SALES TAX			527.76
TOTAL			\$ 6,391.76

Please Remit To:
 Alliance Well Service Inc.
 470 Yucca Ln
 Pratt, KS 67124

ALLIANCE WELL SERVICE, INC.

No 27696

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 12-8-20

COMPLETE

INCOMPLETE

COMPANY edison operation
Schneider
ADDRESS _____
CITY / STATE _____ ZIP CODE _____

JOB TYPE plug job
LEASE Schneider WELL # B #4
SEC _____ TWP _____ ANG _____
COUNTY ellis STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Salvador</u>				<u>12 1/2</u>
DERRICK HAND	<u>Felipe</u>				<u>12 1/2</u>
FLOOR HAND	<u>Hibino</u>				<u>12 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 location with Rig Satty meeting Rig up blade out hard ground took a Wild to blade out then Rig over for Tbg check well pressure light blow took valve off put work over head and work over floor then Tally Tbg going in run 60 JTS of 2 7/8 down to 1884 bit Tbg with hammer to get scale off and take rabbit out then pull Tbg back out stand it all back secure well clean up location dTy

Double Drum Rig w/2 Men	<u>12 1/2</u>	Hrs @	<u>190⁰⁰</u>	Per Hour	Total	<u>2375⁰⁰</u>
Travel Time		Hrs @		Per Hour	Total	
Swab Cups No. _____ Size _____		Type _____		Per Each _____	Total	
Misc <u>Tbg Tag x 1</u>					Total	<u>100⁰⁰</u>
Misc <u>pipe dope x 1</u>					Total	<u>50⁰⁰</u>
Misc <u>solvent x 8</u>					Total	<u>24⁰⁰</u>
Misc <u>work over head x 1</u>					Total	<u>300⁰⁰</u>
Misc _____					Total	
Misc _____					Total	
TOTAL						

x _____
Company Representative Date

ALLIANCE WELL SERVICE, INC.

No 27697

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

WORK TICKET

NEW WELL

OLD WELL

RIG # H17

DATE 12-9-20

COMPLETE

INCOMPLETE

COMPANY edison operating JOB TYPE plug Job LEASE Schmeider WELL # B-4
ADDRESS _____ SEC _____ TWP _____ ANG _____
CITY / STATE _____ ZIP CODE _____ COUNTY Ellis STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR					12 1/2
DEARRICK HAND					12 1/2
FLOOR HAND					12 1/2

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 safety meeting check well pressure on rig up logger went down shoot parts at 1850 - 1362 and 8307 then rig down logger rig over to run lbs run 60 of derrick and 44 of RBLK total of 104 JTS bit JTS from rock to get rabbit out and clean up scale went down to 3276 hook up cementer circulated fluid then put 9 sucks w/ 50 sucks cement 250 holes then lay down 45 JTS pull up to 1850 hook up cementer to put 190 sucks then pull rest of lbs top it off to surface with 20 sucks 15" in back side rig down cementer rig down and clean up lbs equipment then rig down took rig by interstate find a place to park at 77 got to dark to keep drive in it

Double Drum Rig w/2 Men	12 1/2	Hrs @	190 ⁰⁰	Per Hour	Total	2375 ⁰⁰
Travel Time		Hrs @		Per Hour	Total	
Swab Cups No. _____ Size _____ Type _____				Per Each	Total	
Misc <u>lbs THY SX 1</u>				Per Each	Total	100 ⁰⁰
Misc <u>fine dope x 1</u>				Per Each	Total	50 ⁰⁰
Misc <u>solvent x 5</u>				Per Each	Total	15 ⁰⁰
Misc _____				Per Each	Total	
Misc _____				Per Each	Total	
Misc _____				Per Each	Total	
					TOTAL	

x _____
Company Representative Date

ALLIANCE WELL SERVICE, INC.

No 27698

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 12-10-20

COMPLETE

INCOMPLETE

COMPANY Edison operating

JOB TYPE plus job

LEASE Schneider

WELL # B-4

ADDRESS _____

SEC _____ TWP _____

ANG _____

CITY / STATE _____ ZIP CODE _____

COUNTY Ellis

STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Salvadori</u>				<u>2 1/2</u>
DEARICK HAND	<u>Felipe</u>				<u>2 1/2</u>
FLOOR HAND	<u>Albino</u>				<u>2 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

went to way got our R.ig drive it to yard

Double Drum Rig w/2 Men 2 1/2 Hrs @ 190⁰⁰ Per Hour

Total 475⁰⁰

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 _____

Total _____

Company Representative _____ Date _____

TOTAL _____



HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:

EDISON OPERATING CO LLC
8100 E 22ND ST N
BUILDING 1900
WICHITA, KS 67226

Invoice Date: 12/9/2020
Invoice #: 0350719
Lease Name: Schmeidler B
Well #: 4
County: Ellis, Ks
Job Number: ICT4496
District: Oakley

Date/Description	HRS/QTY	Rate	Total
Plug to Abandon	0.000	0.000	0.00
Cement Pump Service	1.000	880.000	880.00
Heavy Eq Mileage	15.000	3.200	48.00
Light Eq Mileage	15.000	1.600	24.00
Ton Mileage	212.000	1.200	254.40
H-Plug	275.000	10.400	2,860.00
Bentonite Gel	900.000	0.240	216.00
Hulls	10.000	40.000	400.00

Net Invoice	4,682.40
Sales Tax:	203.67
Total	4,886.07

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!

Hurricane Services, Inc.
250 N. Water St., Suite #200
Wichita, KS 67202



Customer	Edison Operating	Lease & Well #	Schmidler B-4	Date	12/9/2020
Service District	Oakley ks	County & State	Ellis Ks	Legals S/T/R	18-12-17
Job Type	Plug to Abandon	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
73	Josh	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input checked="" type="checkbox"/> Lockout/Tagout	<input checked="" type="checkbox"/> Warning Signs & Flagging
208	John	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input checked="" type="checkbox"/> Required Permits	<input checked="" type="checkbox"/> Fall Protection
180/250	Kale	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
		<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations
		<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	
Comments					

Product/Service Code	Description	Unit of Measure	Quantity	Net Amount
C011	Cement Pump Service	ea	1.00	\$880.00
M010	Heavy Equipment Mileage	mi	15.00	\$48.00
M015	Light Equipment Mileage	mi	15.00	\$24.00
M020	Ton Mileage	tm	212.00	\$254.40
CP055	H-Plug	sack	275.00	\$2,860.00
CP095	Bentonite Gel	lb	900.00	\$216.00
CP165	Coltsonseed Hulls	lb	500.00	\$400.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?				Net:	\$4,682.40
Based on this job, how likely is it you would recommend HSI to a colleague?				Total Taxable \$	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tax Rate:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.	Sale Tax: \$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Total: \$ 4,682.40
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HSI Representative: <i>Josh Masler</i>	

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X _____ CUSTOMER AUTHORIZATION SIGNATURE



ELI
WIRELINE SERVICES
 PO BOX 549
 HAYS, KS 67601

Invoice

Date	Invoice #
3/23/2020	5982

Bill To
EDISON OPERATING CO LLC 8100E 22ND STREET NORTH BLDG 1900 WICHITA, KS 67226

Job Info
Schmeidler "B" #4 Ellis County, KS Sec 18-12S-17W Field Ticket #4665

P.O. No.	Terms
	Net 30

Quantity	Description	Amount
1	Service Charge	350.00
1	Set Solid Bridge Plug 5 1/2 - each	1,550.00
1	Set Solid Bridge Plug 5 1/2 - each	1,550.00
	Total Charges for Service	3,450.00
	Cased Hole - Discount	-517.50
<p><i>SET TWO CIBP TO ISOLATE ACS & LKC FROM CSW LEAK</i></p> <p><i>9080</i></p> <p><i>9/11 MD</i></p> <p><i>TAL FLUID @ 1960' F.S.</i></p> <p><i>CIBP @ 3344'</i> <i>CIBP @ 3476'</i></p>		
Please remit to above address.		Total \$2,932.50