

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

Supervision of operations 2 hrs @ 40.00 \$ \$80.00

12/9/21 Kisner #1 Well

Item #3 Scheduled Operation for plugging Well - KCC instruction
KCC approved plugging plan with no Bond Log.
4:30pm Service companies in place - Ready for operation
5:30pm Plugging bottom hole perforations -hold/test 800p
Running cement/hulls to plug well bore to top
Fill surface casing to top and pressure check
6:30pm Rig down and move off locations

Supervision of operations 2 hrs @ 40.00 \$ \$80.00

This invoice is for plugging services December

Net Invoice Amount \$ 280.00

THANK YOU!

Earl Ochampaugh



HP Oilfield Services, LLC
 383 Inverness Parkway, Suite 330
 Englewood, CO 80112

1-7859530722

Invoice

Date	Invoice #
12/9/2021	21082

Bill To
Edison Operating Co. LLC 8100 E. 22nd St. N. Bldg 1900 Wichita, KS 67226

Lease
Elsie Kisner #1

Order by / P.O. No.	Terms
	Net 30

Description	Unit	Hrs / Qty	U/M	Rate	Amount
Cement Service for Elsie Kisner #1 Field Ticket #: 1440 K-C Description: Please see Attached Field Ticket					
Pump Charge for Cement - 3rd Well	CMT-103	1	ea	450.00	450.00
Pumptruck Mileage - No Charge	CMT-103	40	ea	0.00	0.00
Mileage Delivery of Bulk Material - Min Charge	CMT-103	1	ea	660.00	660.00
Liteweight Blend V	CMT	190	SKS	16.00	3,040.00T
Cotton Seed Hulls	CMT	200	lb	0.70	140.00T
Discount - Non-Taxable Items	CMT	1	ea	-277.50	-277.50
Discount - Taxable Items	CMT	1	ea	-795.00	-795.00T
Subtotal prior to Sales Taxes					3,217.50
KS & Finney County Sales Tax				7.95%	189.61

Thank you for your business.	Total	\$3,407.11
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785-953-0222

TICKET NUMBER 1440 K
LOCATION Hugotou
FOREMAN Walt Dunkel

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-9-21		Elsie Kiser #1	36	24S	31 ^W	Finney
CUSTOMER		TRUCK #		DRIVER	TRUCK #	DRIVER
Edison Operating Co LLC		103		Corey D.		
MAILING ADDRESS		801-851		Nathan S.		
CITY		STATE		ZIP CODE		
		S.S		Jason A.		

JOB TYPE OHP HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, Rig up Equipment
Mixed 185 sks cement w/ 200# Hulls, Pressure to 400#
Mixed 5 sks cement down Annulus, Pressure to 300#

*Thank You
Walt Dunkel*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
	1	PUMP CHARGE 3rd Well	450.00	450.00
	40	MILEAGE	2.15	86.00
		Ton Mileage Delivery (min)	1.25	660.00
	190 sks	Light weight Blend V	16.00	3,040.00
	200 #	Hull	.70	140.00
				4,290.00
		Less 25% Disc	-	1,072.50
				3,217.50
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION Paul Robinson TITLE Supervisor DATE _____

I acknowledge that the payments terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Edison

11-2-21 KJ

Elsie Kizner 1

NW Sec 36-24-31 Firney

API# 15-055-20144-0000

8 5/8" 453' w/ 310 sx

GR-2861

4 1/2" 2730' w/ 425 sx

Perma 1125'

Perfs: 2693-2700 (7')

SC ~ 1920

TD - 2730

FL = 2248 (6-16-20)

Plugging Procedure

1. Fill casing with cement using 250* huls and approximately 180 sx cement
2. Pressure to 400-500 #.
3. Attempt to pump cement down the 4 1/2" x 8 5/8" annulus.

Bring!

250* huls

250 sx (w/ 40 pps 4% gel)