

**Notice:** Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

**DRAFT**  
**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.

Signature: \_\_\_\_\_



**ELI**  
**WIRELINE SERVICES**  
 PO BOX 549  
 HAYS, KS 67601  
 785-628-3998

# Invoice

Date	Invoice #
5/1-2023	8594

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

Job Info
Theis #2-16 Clark County, KS Field Ticket #7764

P.O. No.	Terms
	Net 30

Quantity	Description	Amount
1	Service Charge	500.00
1	Set Solid Bridge Plug 5 1/2 - each @ 5800'	1,680.00
1	Casing Cutter @ 3075'	1,350.00
1	Dump Bailer w/sack of cement	300.00
	Total Charges for Service	3,830.00
	Cased Hole - Discount	-574.50

Please remit to above address.	<b>Total</b>	<b>\$3,255.50</b>
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Quasar Energy Services, Inc.  
 3288 FM 51  
 Gainesville, TX 76240

# Invoice

Date	Invoice #
5/10/2023	151275

<b>Bill To</b>
Edison Operating Company LLC 8400 E, 22nd Street N., Suite 1900 Wichita, KS 67226

As of 09/22/2015 any invoice with a discount must be paid within 60 days of the invoice date. After 60 days the discount will be removed and the invoice will reflect the full price.

Well

Theis 2-16

Description	Quantity	Rate	Amount
Mileage-Pickup	75	5.58	418.50
Mileage-Equipment Mileage	150	8.72	1,308.00
Pumping Service Charge -2	1	3,307.50	3,307.50
Cement-Lite-A(LB)	130	21.54	2,800.20
C-41L Defoamer Liquid	2	48.63	97.26
Gel (Bentinite)	1,000	0.36	360.00
Subtotal			8,291.46
Discount - 10%		-10.00%	-829.15

<b>Total</b>	\$7,462.31
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$7,462.31

All accounts are past due net 30 days following the date of invoice. A finance charge of 1.5% per month or 18% annual percentage rate will be charged on all past due accounts.



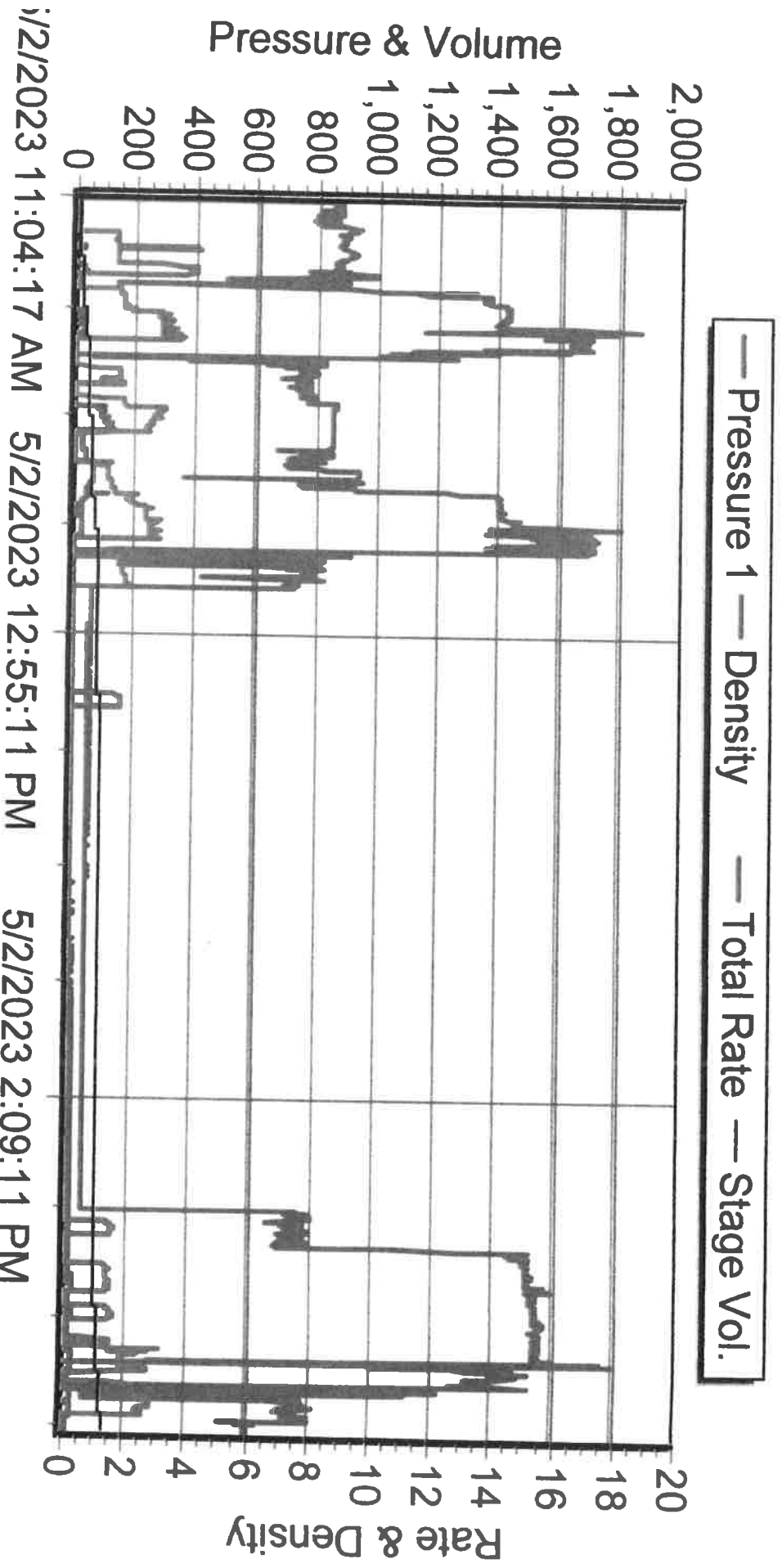


# EDISON OPERATING COMPANY LLC

## THIES #2-16

### PTA

#### 05/02/2023





# INVOICE

DATE May 15, 2023  
 INVOICE # 2309

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

Bill To: EDISON OPERATING

Lease Name Theis  
 Well Number 2-16  
 County Meade  
 State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	<b>04/13/23 Work Ticket #29621</b>		
3.0	Rig #30 Operator & 2 men	300.00	900.00
1.0	Fuel Charge	60.00	60.00
	<b>04/25/23 Work Ticket #30529</b>		
14.0	Rig #30 Operator & 2 men	300.00	4,200.00
1.0	Fuel Charge	280.00	280.00
	<b>04/27/23 Work Ticket #30530</b>		
13.0	Rig #30 Operator & 2 men	300.00	3,900.00
1.0	Fuel Charge	260.00	260.00
	<b>04/28/23 Work Ticket #30531</b>		
7.0	Rig #30 Operator & 2 men	300.00	2,100.00
1.0	Fuel Charge	140.00	140.00
	<b>05/01/23 Work Ticket #30532</b>		
16.0	Rig #30 Operator & 2 men	300.00	4,800.00
1.0	Fuel Charge	320.00	320.00
	<b>05/02/23 Work Ticket #30533</b>		
9.5	Rig #30 Operator & 2 men	300.00	2,850.00
1.0	Fuel Charge	190.00	190.00
	<b>05/02/23 Work Ticket #195</b>		
1.0	Service Man for Plugging Operation	750.00	750.00
1.0	Casing Equipment	800.00	800.00
80.0	Mileage	1.50	120.00
		SUBTOTAL	21,670.00
		TAX RATE	7.50%
		SALES TAX	1,625.25
		<b>TOTAL</b>	<b>\$ 23,295.25</b>

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

# ALLIANCE WELL SERVICE, INC.

Nº 29621

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

WORK TICKET

NEW WELL

OLD WELL

RIG # 30

DATE 4-13-03

COMPLETE

INCOMPLETE

COMPANY Eddison

JOB TYPE P/A

LEASE THIES

WELL # 246

ADDRESS \_\_\_\_\_

SEC \_\_\_\_\_ TWP \_\_\_\_\_

ANG \_\_\_\_\_

CITY / STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTY Meade

STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</u>	<u>3</u>			<u>3</u>
DEARICK HAND	<u>Jeffrey Swartz</u>	<u>3</u>			<u>3</u>
FLOOR HAND	<u>Jimmy Roiser</u>	<u>3</u>			<u>3</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 spot in, go home

Double Drum Rig w/2 Men 3 Hrs @ 300 Per Hour

Total 900

Travel Time \_\_\_\_\_ Hrs @ \_\_\_\_\_ Per Hour

Total \_\_\_\_\_

Swab Cups No. \_\_\_\_\_ Size \_\_\_\_\_ Type \_\_\_\_\_ Per Each \_\_\_\_\_

Total \_\_\_\_\_

Swab Cups No. \_\_\_\_\_ Size \_\_\_\_\_ Type \_\_\_\_\_ Per Each \_\_\_\_\_

Total \_\_\_\_\_

Misc Fuel Charge

Total 60

Misc \_\_\_\_\_ Total \_\_\_\_\_

Misc \_\_\_\_\_ Total \_\_\_\_\_

Misc \_\_\_\_\_ Total \_\_\_\_\_

Misc \_\_\_\_\_ Total \_\_\_\_\_

Misc \_\_\_\_\_ Total \_\_\_\_\_

Misc \_\_\_\_\_ Total \_\_\_\_\_

x \_\_\_\_\_ Company Representative \_\_\_\_\_ Date \_\_\_\_\_

TOTAL \_\_\_\_\_



# ALLIANCE WELL SERVICE, INC.

No 30529

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

WORK TICKET

NEW WELL

OLD WELL

RIG # 30

DATE 4-25-03

COMPLETE

INCOMPLETE

JOB TYPE P/A

LEASE Theis

WELL # 2-16

SEC \_\_\_\_\_ TWP \_\_\_\_\_

ANG \_\_\_\_\_

COUNTY Clack

STATE KS

COMPANY Eddrison

ADDRESS \_\_\_\_\_

CITY / STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</u>	<u>14</u>			<u>14</u>
DERRICK HAND	<u>Jeffrey Shultz</u>	<u>14</u>			<u>14</u>
FLOOR HAND	<u>Jimmy Rouse</u>	<u>14</u>			<u>14</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, rig up, pump wouldn't unseat, back rods off 50 rods  
Take API head apart, Point w/ty to fluid, swab well down, pull to rods  
back rods off again, 10 rods, secure well, shut down, drive home

Double Drum Rig w/2 Men	<u>14</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>4200</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>Fuel Charge</u>				Total	<u>280</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
					<b>TOTAL</b>	

x \_\_\_\_\_  
Company Representative Date

# ALLIANCE WELL SERVICE, INC.

No 30530

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

WORK TICKET

NEW WELL

OLD WELL

RIG # 30

DATE 4-27-23

COMPLETE

INCOMPLETE

COMPANY Eddison

JOB TYPE P/A

LEASE Theis

WELL # 2-16

ADDRESS \_\_\_\_\_

SEC \_\_\_\_\_ TWP \_\_\_\_\_

ANG \_\_\_\_\_

CITY / STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

COUNTY Clack

STATE Ks

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Guss</u>	<u>13</u>			<u>13</u>
DERRICK HAND	<u>Jeffrey Shultz</u>	<u>13</u>			<u>13</u>
FLOOR HAND	<u>Jimmy Rouse</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, work on finishing up pulling everything  
Secure well drive home

Double Drum Rig w/2 Men 13 Hrs @ 300 Per Hour

Total 3900

Travel Time \_\_\_\_\_ Hrs @ \_\_\_\_\_ Per Hour

Total \_\_\_\_\_

Swab Cups No. \_\_\_\_\_ Size \_\_\_\_\_ Type \_\_\_\_\_ Per Each \_\_\_\_\_

Total \_\_\_\_\_

Swab Cups No. \_\_\_\_\_ Size \_\_\_\_\_ Type \_\_\_\_\_ Per Each \_\_\_\_\_

Total \_\_\_\_\_

Misc Fuel Charge

Total 260

Misc \_\_\_\_\_ Total \_\_\_\_\_

Misc \_\_\_\_\_ Total \_\_\_\_\_

Misc \_\_\_\_\_ Total \_\_\_\_\_

Misc \_\_\_\_\_ Total \_\_\_\_\_

Misc \_\_\_\_\_ Total \_\_\_\_\_

x \_\_\_\_\_ Total \_\_\_\_\_

Company Representative \_\_\_\_\_

Date \_\_\_\_\_

**TOTAL** \_\_\_\_\_

# ALLIANCE WELL SERVICE, INC.

No 30531

WORK TICKET

NEW WELL

OLD WELL

RIG # 30

DATE 4-28-93

COMPLETE

INCOMPLETE

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

COMPANY Edison

JOB TYPE P/A

LEASE Theis

WELL # 2-16

ADDRESS \_\_\_\_\_

SEC \_\_\_\_\_ TWP \_\_\_\_\_

ANG \_\_\_\_\_

CITY / STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTY Clark

STATE ks

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</u>	<u>7</u>			<u>7</u>
DERRICK HAND	<u>Jeffrey Strutz</u>	<u>7</u>			<u>7</u>
FLOOR HAND	<u>Barry Walters</u>	<u>7</u>			<u>7</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, finish stripping well out, secure well, shut down, drive home

Double Drum Rig w/2 Men	<u>7</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>2100</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>Fuel Charge</u>				Total	<u>140</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
x					Total	

Company Representative

Date

TOTAL

# ALLIANCE WELL SERVICE, INC.

No 30532

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

WORK TICKET

NEW WELL

OLD WELL

RIG # 30

DATE 5-1-23

COMPLETE

INCOMPLETE

COMPANY Eddison

JOB TYPE P/A

LEASE Travis

WELL # 2-16

ADDRESS \_\_\_\_\_

SEC \_\_\_\_\_ TWP \_\_\_\_\_

ANG \_\_\_\_\_

CITY / STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

COUNTY Clark

STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</u>	<u>16</u>			<u>16</u>
DERRICK HAND	<u>Jeffrey Shultz</u>	<u>16</u>			<u>16</u>
FLOOR HAND	<u>Jimmy Kause</u>	<u>16</u>			<u>16</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, cu. wireline, set CTRP w/ 2x CC, tear well head down well slip collar on csng, wireline misfired 1<sup>st</sup> shot, 2<sup>nd</sup> shot successful. cd. wireline, pull 1<sup>st</sup> joint of csng hung up in well, work pipe for 2hrs finally freed up, lay down bits, secure well, shut down, drive home

Double Drum Rig w/2 Men	<u>16</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>4800</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>Fuel Charge</u>				Total	<u>320</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
x					Total	

Company Representative \_\_\_\_\_

Date \_\_\_\_\_

TOTAL \_\_\_\_\_

# ALLIANCE

## WELL SERVICE, INC.

No 30533

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

WORK TICKET

NEW WELL

OLD WELL

RIG # 30

DATE 5-2-23

COMPLETE

INCOMPLETE

JOB TYPE P/A

LEASE Theis

WELL # 2-16

SEC \_\_\_\_\_ TWP \_\_\_\_\_

ANG \_\_\_\_\_

COMPANY Eddison

ADDRESS \_\_\_\_\_

CITY / STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

COUNTY Clark

STATE Ks

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</u>	<u>9.5</u>			<u>9.5</u>
DERRICK HAND	<u>Jeffrey Shultz</u>	<u>9.5</u>			<u>9.5</u>
FLOOR HAND	<u>Jimmy Krause</u>	<u>9.5</u>			<u>9.5</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 location lay down casing 70' ts x 5 1/2", rd. Casing Egmt, cu. the Egmt  
 Tilt Hwl 35' ts of 4 1/2", wait on water, for 2 hrs, pump 9<sup>st</sup> plug @ 1050'  
 2<sup>nd</sup> plug @ 977, 3<sup>rd</sup> plug @ 66', Clean up, rd Cementer's, R.A.M.O

Double Drum Rig w/2 Men	<u>9.5</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>2850</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>Fuel Charge</u>					Total	<u>190</u>
Misc _____					Total	
Misc _____					Total	
Misc _____					Total	
Misc _____					Total	
Misc _____					Total	
Misc _____					Total	

x \_\_\_\_\_  
 Company Representative Date

TOTAL \_\_\_\_\_

