

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 #
5/4 2023	8609

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

Job Info
Theis #4-17 Clark County, KS Field Ticket #7932

P.O. No.	Terms
	Net 30

Quantity	Description	Amount
1	Service Charge	500.00
1	Set Solid Bridge Plug 4-1/2 @ 5816'	1,460.00
1	Dump Bailer w/sack of cement	300.00
1	4 1/2 Casing Cutter @ 3000'	1,350.00
	Total Charges for Service	3,610.00
	Cased Hole - Discount	-541.50

Please remit to above address.	Total	\$3,068.50
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Quasar Energy Services, Inc.
 3288 FM 51
 Gainesville, TX 76240

Invoice

Date	Invoice #
5/10/2023	151274

Bill To
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 4-17

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)	200	21.54	4,308.00
C-41L Defoamer Liquid	2	48.63	97.26
Gel (Bentinite)	1,000	0.36	360.00
Subtotal			9,799.26
Discount - 10%		-10.00%	-979.93

Total	\$8,819.33
Payments/Credits	\$0.00
Balance Due	\$8,819.33

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.



QUASAR ENERGY SERVICES, INC.

3288 FM 51

Gainesville, Texas 76240

Office: 940-612-3336

Fax: 940-612-3336 | qesi@qeserve.com

FRACTURING | ACID | CEMENT | NITROGEN



BID #: 7221 AFE#/PO#: 0

TYPE / PURPOSE OF JOB: PLUG/PTA SERVICE POINT: Liberal, KS
 CUSTOMER: EDISON OPERATING CO. LLC WELL NAME: THEIS 4-17
 ADDRESS: 8100 E 22ND N BUILDING 1900 LOCATION: ENGELWOOD, KS
 CITY: WICHITA STATE: KS ZIP: 67226 COUNTY: CLARK STATE: KS

DATE OF SALE: 5/5/2023 Perforations: to

QTY.	CODE	YD	UNIT	PUMPING AND EQUIPMENT USED	UNIT PRICE	AMOUNT
75	1000	L	Mile	Mileage - Pickup - Per Mile	\$5.58	\$ 418.50
150	1010	L	Mile	Mileage - Equipment Mileage - Per Mile	\$8.72	\$ 1,308.00
1	5623	L	Per Well	Pumping Service Charge -2	\$3,307.50	\$ 3,307.50

Subtotal for Pumping & Equipment Charges \$ 5,034.00

QTY.	CODE	YD	UNIT	MATERIALS	UNIT PRICE	AMOUNT
200	5638	L	Per Sack	Cement - Lite - A (LB)	\$21.54	\$ 4,308.00
2	5751	L	Per Gal.	C-41L Defoamer Liquid	\$48.63	\$ 97.26
1,000	5840	L	Per Lb.	Gel (Bentinite)	\$0.36	\$ 360.00

Subtotal for Material Charges \$ 4,765.26

MANHOURS: 9		# WORKERS: 3	
WORKERS			
CHAD HINZ			
NOEL LEON			
RUBEN MARTINEZ			

TOTAL		\$	9,799.26
DISCOUNT:	10%	DISCOUNT	\$ 979.93
DISCOUNTED TOTAL		\$	8,819.33

STAMPS & NOTES:

As of 9/22/15 any invoice with a discount must paid within 60 days of the invoice date. After 60 days the discount will be removed and the invoice will reflect full price.

CUSTOMER SIGNATURE & DATE

Signature: *Dorly Wilton* Date: _____

*All accounts are past due net 30 days following the date of invoice. A finance charge of 1-1/2% per month or 18% annual percentage rate will be charged on all past due accounts.

Print Name: _____



QUASAR ENERGY SERVICES, INC.

3288 FM 51
 Gainesville, Texas 76240
 Office: 940-612-3336

Fax: 940-612-3336 | qesi@qeserve.com

Form 185-2N.2

5/5/23

CEMENTING JOB LOG

CEMENTING JOB LOG

Company: EDISON OPERATING CO. LLC	Well Name: THEIS 4-17
Type Job: PLUG/PTA	AFE #: 0

CASING DATA

Size: 0	Grade: 0	Weight: 0
Casing Depths Top: 0	Bottom: 0	
Drill Pipe: Size: 0	Weight: 0	
Tubing: Size: 0	Weight: 0	Grade: 0 TD (ft): 0
Open Hole: Size: 0	T.D. (ft): 0	
Perforations	From (ft): 0 To: 0	Packer Depth(ft): 0

CEMENT DATA

Spacer Type:			
Amt.	Sks Yield	ft ³ /sk	Density (PPG)
LEAD:			Excess
Amt.	Sks Yield	ft ³ /sk	Density (PPG)
TAIL: CLASS A 60/40/4			Excess
Amt. 200	Sks Yield 1.5	ft ³ /sk	Density (PPG) 13.51
WATER:			
Lead:	gals/sk:	Tail: 7.5	gals/sk: 35.7 Total (bbls): 35.7
Pump Trucks Used:	210-DP11		
Bulk Equipment:	230 660-24		
Disp. Fluid Type:	Amt. (Bbls.)	Weight (PPG):	
Mud Type:		Weight (PPG):	

COMPANY REPRESENTATIVE: BARRY **CEMENTER:** CHAD HINZ

TIME AM/PM	PRESSURES PSI			FLUID PUMPED DATA		REMARKS
	Casing	Tubing	ANNULUS	TOTAL	RATE	
0921						ON LOC, SAFTEY MTG, R.U.
0934		90			3.8	PUMP GEL
0938		110		10	4	MIX 50 SX @ 1080
0941		30		13.35	4	DISPLACE
0958		150			4	LOAD HOLE
1004		150		13	4	MIX 50 SX @ 840
1034		40			4	LOAD HOLE
1038		40		2	4	MIX 30 SX @60
1042				5		WASHUP
						JOB COMPLETE
						THANK YOU FOR YOUR BUSINESS!!!



INVOICE

DATE May 15, 2023
 INVOICE # 2310

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

Bill To: EDISON OPERATING

Lease Name Theis
 Well Number 4-17
 County Clark
 State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	05/02/23 Work Ticket #30534		
4.5	Rig #30 Operator & 2 men	300.00	1,350.00
1.0	Fuel Charge	90.00	90.00
	05/03/23 Work Ticket #30535		
13.0	Rig #30 Operator & 2 men	300.00	3,900.00
1.0	Tong Trip	100.00	100.00
1.0	Fuel Charge	260.00	260.00
	05/04/23 Work Ticket #30536		
13.0	Rig #30 Operator & 2 men	300.00	3,900.00
1.0	Fuel Charge	260.00	260.00
	05/05/23 Work Ticket #30537		
7.0	Rig #30 Operator & 2 men	300.00	2,100.00
1.0	Fuel Charge	140.00	140.00
	05/05/23 Work Ticket #196		
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			13,770.00
TAX RATE			6.50%
SALES TAX			895.05
TOTAL			\$ 14,665.05

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

ALLIANCE WELL SERVICE, INC.

No 30534

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 5-2-03

COMPLETE

INCOMPLETE

COMPANY Edison

JOB TYPE P/A

ADDRESS _____

LEASE Tru's

WELL # 4-17

CITY / STATE _____

ZIP CODE _____

SEC _____

TWP _____

ANG _____

COUNTY Clark

STATE Ks

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS W/HD
OPERATOR	<u>Josh Gross</u>	<u>4.5</u>			<u>4.5</u>
DEARRICK HAND	<u>Jeffrey Shultz</u>	<u>4.5</u>			<u>4.5</u>
FLOOR HAND	<u>Jimmy Rouse</u>	<u>4.5</u>			<u>4.5</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 w/rig, S.F.R.U. shut down drive home

Double Drum Rig w/2 Men	<u>4.5</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>1350</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>90</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
x					Total	
Company Representative		Date			TOTAL	

ALLIANCE

WELL SERVICE, INC.

No 30535

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 5-3-03

COMPLETE

INCOMPLETE

JOB TYPE P/A

LEASE Thels

WELL # 4-17

SEC _____ TWP _____

ANG _____

COUNTY Clark

STATE Ks

COMPANY Edison

ADDRESS _____

CITY / STATE _____

ZIP CODE _____

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</u>	<u>13</u>			<u>13</u>
DERRICK HAND	<u>Jeffrey Shultz</u>	<u>13</u>			<u>13</u>
FLOOR HAND	<u>Simon Rouse</u>	<u>13</u>			<u>13</u>

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
	<u>140 x 2 3/8</u>	TUBING		
	<u>1 1 1/2 x 2 3/8</u>	PUPS		
		SN / BBL		
		ANCHOR / PACKER		
	<u>1 8' x 2 3/8</u>	OTHER		

DESCRIPTION OF WORK BEING PERFORMED

To location, welder cut bolts of A-section, P.O. on H w/ tbg, wait on welder for 1hr, pump 20 bbls water down Congo Kill well, weld slip collar on secure well, shut down, drive home

Double Drum Rig w/2 Men	<u>13</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>3900</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 lb tongs x 1</u>					Total	<u>100</u>
Misc <u>Fuel Charge</u>					Total	<u>2600</u>
Misc _____					Total	
Misc _____					Total	
Misc _____					Total	
Misc _____					Total	
Misc _____					Total	
x _____					Total	
Company Representative		Date			TOTAL	

ALLIANCE WELL SERVICE, INC.

No 30536

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 5-4-23

COMPLETE

INCOMPLETE

JOB TYPE P/A

LEASE Theis WELL # 4-17

SEC _____ TWP _____ ANG _____

COUNTY Clark STATE Ks

COMPANY Edison

ADDRESS _____

CITY / STATE _____

ZIP CODE _____

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</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, c.u. wireline, set C.T.B.P w/dsx CL, c.u. csg Egmat, pull csg out of slips, work stretch, shoot csg off @ 3k c.d. wireline, lay down csg, rd csg Egmat, c.u. the Egmat, Tilt H. w/ 34 JTs, secure well, shut down, drive home.

Double Drum Rig w/2 Men	<u>13</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>3900</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>260</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
x					Total	
Company Representative		Date			TOTAL	

ALLIANCE WELL SERVICE, INC.

No 30537

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 5-5-23

COMPLETE

INCOMPLETE

JOB TYPE P/A

LEASE THEIS

WELL # 4-17

SEC _____ TWP _____

ANG _____

COUNTY Clark

STATE Ks

COMPANY Edison

ADDRESS _____

CITY / STATE _____

ZIP CODE _____

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	Josh Gross	7			7
DERRICK HAND	Jeffrey Shultz	7			7
FLOOR HAND	Jimmy Fouse	7			7

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, wait on Cementers to top off 2-16 cu. Cementers pump 1st plug @ 1030', pull 7jts, pump 2nd plug @ 660', pull 25, pump 3rd plug @ 60'. Circulate to surface. Clean up R.D.M.O.

Double Drum Rig w/2 Men	7 7 Hrs @	30 Per Hour	Total	2100
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	140
Misc _____			Total	
Misc _____			Total	
Misc _____			Total	
Misc _____			Total	
Misc _____			Total	
x _____			Total	
Company Representative	Date		TOTAL	



SALES & SERVICE INVOICE

Remit To: Alliance Well Service Inc. • 470 Yucca Lane • Pratt, KS 67124

196

TERMS: 30 DAYS FROM DATE OF INVOICE

Office Phone: 620-672-9100
Fax: 620-672-5020

NEW WELL
OLD WELL

DATE ISSUED 5-5-23

SHIPPED FROM: (DISTRICT) Merced

S O L D Edison Operations

S H I P

COUNTY Clark
LEASE 75881

STATE AR

WELL NO. 4-17

FIELD

ITEM	QUANTITY	COMMODITY NO.	DESCRIPTION	UNIT CONTROL CODE	DISC.	NET AMOUNT
01	1	-	Service man charge to coordinate & oversee plugging operations, set CIBP @ 5816' & dump bit 25x cut on plug, load & test casing, shoot 4 1/2" @ 3000', lay down casing, RIH w/ tubing to 1076' pump 10 5x sel & 50 5x 60/40 per 4%, pull to 845' & pump 50 5x 60/40 per 4%, pull to 62' & circulate w/ 25 5x 60/40 per 4%	750 00		750 00
02	1		casing @ 4 1/2" casing, slips, elevators & lay down equip	800 00		800 00
03	80		Car mileage	1 50		120 00

TAX

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: *Berry Wellco*

REPRESENTATIVE

TOTAL

Checked By *BW*
Coded By *BW*

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.