

**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.	<b>Total</b>	<b>\$3,068.50</b>
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Quasar Energy Services, Inc.  
 3288 FM 51  
 Gainesville, TX 76240

# Invoice

Date	Invoice #
5/10/2023	151274

<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 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

<b>Total</b>	\$8,819.33
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$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.







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

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		Per Each	Total	
Swab Cups No.		Size		Per Each	Total	
Misc	<u>Fuel Charge</u>	Type		Per Each	Total	<u>90</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
x					Total	
Company Representative		Date			<b>TOTAL</b>	

# 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

COMPANY Edison

JOB TYPE P/A

LEASE Thels WELL # 4-17

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>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			<b>TOTAL</b>	



# 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			<b>TOTAL</b>	



