

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.

(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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

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.



www.quasarenergyservices.com

QUASAR ENERGY SERVICES, INC.

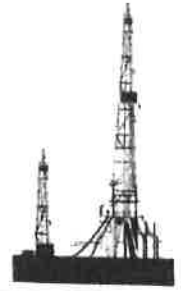
3288 FM 51

Gainesville, Texas 76240

Office: 940-612-3336

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

FRACTURING | ACID | CEMENT | NITROGEN

[illegible]

QUASAR ENERGY SERVICES, INC.

3288 FM 51

Gainesville, Texas 76240

Office: 940-612-3336

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

Form 185-2N.2

5/5/23

CEMENTING JOB LOG

CEMENTING JOB LOG

[illegible]



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 Twp 13

WELL # 4-17

CITY / STATE

ZIP CODE

SEC

TWP

ANG

COUNTY Clark

STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	Josh Gross	4.5			4.5
DEARRICK HAND	Jeffrey Shultz	4.5			4.5
FLOOR HAND	Jimmy Rouse	4.5			4.5

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

4.5

Hrs @

300

Per Hour

Travel Time

Hrs @

Per Hour

Swab Cups No.

Size

Type

Per Each

Swab Cups No.

Size

Type

Per Each

Misc

Fuel Charge

Misc

Misc

Misc

Misc

Misc

x

Company Representative

Date

Total

1350

Total

Total

Total

Total

90

Total

Total

Total

Total

Total

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 ☒

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	Josh Gross	13			13
DERRICK HAND	Jeffrey Shultz	13			13
FLOOR HAND	Sim m/p Rouse	13			13

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
140	2 3/8	TUBING		
		PUPS		
1	1 1/2 2 3/8	SN / BBL		
		ANCHOR / PACKER		
1	8' 2 3/8	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 csg to kill well, weld slip collar on secure well, shut down, 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 1 lb tongs x 1

Total

Misc Fuel Charge

Total

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 ☒

COMPANY Edison

JOB TYPE P/A

LEASE Theis

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	Josh Gross	13			13
DERRICK HAND	Jeffrey Shultz	13			13
FLOOR HAND	Jimmy Rouse	13			13

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 @ 3h c.d. wireline, lay down Csg, rd Csg Egmat, c.u. the Egmat, Tilt, w/ 34 ft, secure well, shut down, drive home.

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

Travel Time Hrs @ Per Hour

Swab Cups No. Size Type Per Each

Swab Cups No. Size Type Per Each

Misc Fuel Charge

Misc

Misc

Misc

Misc

Misc

x

Company Representative

Date

Total 3900

Total

Total

Total

Total

Total

Total

Total

Total

Total

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	5	7			5 7
DERRICK HAND	Jeffrey Shultz	5	7			5 7
FLOOR HAND	Jimmy Fudge	5	7			5 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 Hrs @ 30 Per Hour

Travel Time Hrs @ Per Hour

Swab Cups No. Size Type Per Each

Swab Cups No. Size Type Per Each

Misc Fuel Charge

Misc

Misc

Misc

Misc

Misc

Misc

Misc

Misc

Misc

Misc

Total 2100

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

Total

x

Company Representative

Date

TOTAL



TERMS: 30 DAYS FROM DATE OF INVOICE

Fax: 620-672-5020

4-5-23	made
--------	------

Edison Operations

SH-a 10		

WELL NO.

FIELD

COUNTY

LEASE

STATE

NEW WELL ☐ OLD WELL ☒

196

[illegible]

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:-**

Taylor Printing, Inc. • 620-672-3656

(NAME IN FULL)

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.