

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

M & M WELL SERVICE, LLC

PO BOX 287

MEDICINE LODGE, KS 67104-0287

Invoice

| | |
|-----------|-----------|
| Date | Invoice # |
| 4/30/2021 | 2277 |

| |
|--|
| Bill To |
| EDISON OPERATING COMPANY LLC 8100 E 22ND ST NORTH, BLDG 1900 WICHITA, KS 67226 |

| Lease | Terms | Work Date | Due Date | |
|---------------|---|-----------|-----------|-----------|
| PLYE A 1-13 | Due on receipt | 3/26/2021 | 4/30/2021 | |
| Item | Description | Qty | Rate | Amount |
| RIG 3 W/2 MEN | TICKET 6547 3/26 - DROVE RIG TO WELL. RIGGED UP. LAID DOWN RODS IN SINGLES. RIGGED UP TUBING TOOLS. PUT OUT LINES. ANCHOR WOULD NOT RELEASE. PUT TONGS ON AND WORK ANCHOR FOR SEVERAL HOURS. GOT ANCHOR TO RELEASE. LAID TUBING DOWN. SHUT DOWN. DROVE HOME. STOOD 1200' IN DERRICK. | 11 | 225.00 | 2,475.00T |
| ROD WIPER | ROD WIPERS | 1 | 18.00 | 18.00T |
| TUBING TONGS | TUBING TONGS | 1 | 100.00 | 100.00T |
| MISC | TUBING SEALS | 3 | 20.00 | 60.00T |
| TUBING WIPER | TUBING WIPER | 1 | 20.00 | 20.00T |
| RIG 3 W/2 MEN | TICKET 6548 3/29 - DROVE TO LOCATION. DUG CELLAR. FOUND SURFACE VALVE AND MADE SURE VALVE WORKED. RIGGED UP LOGGERS. SET CIBP X2. DUMPED CEMENT ON PLUGS. PERFORATED. RAN TUBING IN. PUMPED CEMENT. LAID TUBING DOWN. TOPPED OFF WITH CEMENT. CROSSWIND WAS GUSTING 45 MPH. TOO WINDY TO RIG DOWN. SHUT DOWN. | 11 | 225.00 | 2,475.00T |
| TUBING TONGS | TUBING TONGS | 0.5 | 100.00 | 50.00T |
| RIG 3 W/2 MEN | TICKET 6549 3/30 - DROVE TO LOCATION. RIGGED DOWN TUBING TOOLS. RDMO. DROVE RIG BACK TO MED LODGE. | 3 | 225.00 | 675.00T |

| | | |
|-------------------------|--|------------|
| Subtotal | | \$5,873.00 |
| Sales Tax (6.5%) | | \$381.75 |
| Total | | \$6,254.75 |
| Payments/Credits | | \$0.00 |
| Balance Due | | \$6,254.75 |

Thank You for Your Business!!
All accounts more than 30 days past due will bear interest at the rate of 18% per annum.

| | | |
|---------------|---------------|------------------------------|
| Phone # | Fax # | Federal Tax Identification # |
| (620)213-0424 | (620)886-3334 | 26-1817582 |

M & M Well Service

P.O. Box 287
 Medicine Lodge, KS 67104
 620-213-0424

WORK TICKET

6547

NEW WELL
 OLD WELL
 RIG # 3 DATE 3-26-2021
 COMPLETE
 INCOMPLETE

COMPANY Edison Operation JOB TYPE Lay down 3/11/21
 ADDRESS _____ LEASE Pyle WELL# A-1-13
 CITY/STATE _____ SEC _____ TWP _____ ANG _____
 ZIP CODE _____ COUNTY Comanche STATE KS

| POSITION | NAME | HRS | REVENUE | TRAVEL | NON REVENUE | TOTAL HRS | WKD |
|------------|--------------------|-----|---------|--------|-------------|-----------|-----|
| OPERATOR | <u>Matt M.</u> | | | | | <u>11</u> | |
| FLOOR HAND | <u>Daniel M.</u> | | | | | <u>11</u> | |
| FLOOR HAND | <u>Cristian H.</u> | | | | | <u>11</u> | |
| FLOOR HAND | <u>Colby S.</u> | | | | | <u>11</u> | |

| JTS | PULLED | WELL EQUIPMENT | JTS | RAN |
|------------|------------------------|----------------|-----|-----|
| | <u>22' x 1 1/2"</u> | POLISHED RODS | | |
| <u>153</u> | <u>3/4"</u> | PONY RODS | | |
| <u>10</u> | <u>7/8"</u> | RODS | | |
| | | RODS | | |
| | | RODS | | |
| | | PUMP/VALVES | | |
| | | PUPS | | |
| <u>156</u> | <u>2 3/8"</u> | TUBING | | |
| | | SN/BBL | | |
| | <u>4 1/2" x 2 3/8"</u> | ANCHOR/PACKER | | |
| | <u>15" Mud Anchor</u> | OTHER | | |

DESCRIPTION OF WORK BEING PERFORMED
Drive rig to well, rigged up, lay down rods in singles. R.V. fly tools put out lines. Anchor would not release, Put tongs on and work anchor for several hours got anchor to release, layed fly down. Shut down drive home. sted 1200' in Derrick for cementing.

RIG W/2 MEN _____ HRS 11 PER HOUR 225⁰⁰ TOTAL 2,475⁰⁰
 FUEL SURCHARGE _____ TOTAL _____
 SWAB CUPS NO. _____ SIZE _____ TYPE _____ PER EACH _____ TOTAL _____
 SWAB CUPS NO. _____ SIZE _____ TYPE _____ PER EACH _____ TOTAL _____
 OIL SAVER RUBBERS 1 rod wiper PER EACH 18⁰⁰ TOTAL _____
 DOPE _____ TOTAL _____
 TUBING TONGS 1 TOTAL 100⁰⁰
 ROD TONGS _____ TOTAL _____
 SOLVENT Tub.ry seals 3 at 20⁰⁰ each TOTAL 60⁰⁰
 OUT OF TOWN _____ TOTAL _____
 MISC. fly wiper TOTAL 20⁰⁰
 X _____ / _____ / _____
 COMPANY REPRESENTATIVE _____ DATE _____

M & M Well Service

WORK TICKET

6548

P.O. Box 287
Medicine Lodge, KS 67104
620-213-0424

NEW WELL
OLD WELL
RIG # 3 DATE 3-29-2021
COMPLETE
INCOMPLETE

COMPANY Edison Operating JOB TYPE Layout plug
ADDRESS _____ LEASE Pyke WELL# A 1-13
CITY/STATE _____ SEC _____ TWP _____ ANG _____
ZIP CODE _____ COUNTY Comanche STATE KS

| POSITION | NAME | HRS | REVENUE | TRAVEL | NON REVENUE | TOTAL HRS | WKD |
|------------|------------------|-----|---------|--------|-------------|-----------|-----|
| OPERATOR | <u>Matt M</u> | | | | | <u>11</u> | |
| FLOOR HAND | <u>Daniel M</u> | | | | | <u>11</u> | |
| FLOOR HAND | <u>Quintin H</u> | | | | | <u>11</u> | |
| FLOOR HAND | <u>Colby S.</u> | | | | | <u>11</u> | |

| JTS | PULLED | WELL EQUIPMENT | JTS | RAN |
|-----|--------|----------------|-----|-----|
| | | POLISHED RODS | | |
| | | PONY RODS | | |
| | | RODS | | |
| | | RODS | | |
| | | RODS | | |
| | | PUMP/VALVES | | |
| | | PUPS | | |
| | | TUBING | | |
| | | SN/BBL | | |
| | | ANCHOR/PACKER | | |
| | | OTHER | | |

DESCRIPTION OF WORK BEING PERFORMED

To locate, Dig Celler, found Surface valve and make sure valve worked. Rig up logs. Set C.I.B.P X2. Dumped cement on plugs, attached 1000 lb m, pump cement lay plug down, top off with cement. ~~used~~ Crosswind was gusting 45 mph. Proceeding to rig down shutdown

RIG W/2 MEN _____ HRS 11 PER HOUR 225⁰⁰ TOTAL 2,475⁰⁰
 FUEL SURCHARGE _____ TOTAL _____
 SWAB CUPS NO. _____ SIZE _____ TYPE _____ PER EACH _____ TOTAL _____
 SWAB CUPS NO. _____ SIZE _____ TYPE _____ PER EACH _____ TOTAL _____
 OIL SAVER RUBBERS _____ PER EACH _____ TOTAL _____
 DOPE _____ TOTAL _____
 TUBING TONGS 1/2 TOTAL 50⁰⁰
 ROD TONGS _____ TOTAL _____
 SOLVENT _____ TOTAL _____
 OUT OF TOWN _____ TOTAL _____
 MISC. _____ TOTAL _____
 X _____ DATE _____ TOTAL _____

COMPANY REPRESENTATIVE

DATE

M & M Well Service

P.O. Box 287
 Medicine Lodge, KS 67104
 620-213-0424

WORK TICKET

6549

NEW WELL

OLD WELL

RIG # 3

DATE 3-30-2021

COMPLETE

INCOMPLETE

COMPANY Edison Operating
 ADDRESS _____
 CITY/STATE _____

JOB TYPE _____
 LEASE Pyle A-1-13 WELL# _____
 SEC _____ TWP _____ ANG _____
 ZIP CODE _____ COUNTY Comanche STATE KS

| POSITION | NAME | HRS | REVENUE | TRAVEL | NON REVENUE | TOTAL HRS | WKD |
|------------|-----------------|-----|---------|--------|-------------|-----------|-----|
| OPERATOR | <u>Matth</u> | | | | | <u>3</u> | |
| FLOOR HAND | <u>Daniel M</u> | | | | | <u>3</u> | |
| FLOOR HAND | <u>Austin W</u> | | | | | <u>3</u> | |
| FLOOR HAND | <u>Colby S</u> | | | | | <u>3</u> | |

| JTS | PULLED | WELL EQUIPMENT | JTS | RAN |
|-----|--------|----------------|-----|-----|
| | | POLISHED RODS | | |
| | | PONY RODS | | |
| | | RODS | | |
| | | RODS | | |
| | | RODS | | |
| | | PUMP/VALVES | | |
| | | PUPS | | |
| | | TUBING | | |
| | | SN/BBL | | |
| | | ANCHOR/PACKER | | |
| | | OTHER | | |

DESCRIPTION OF WORK BEING PERFORMED

To location, Rig down the tools, Rig down more oil, Road rig back to M.L.

| | | | |
|--|--------------|----------------------------------|-------------------------------|
| RIG W/2 MEN _____ | HRS <u>3</u> | PER HOUR <u>225⁰⁰</u> | TOTAL <u>675⁰⁰</u> |
| FUEL SURCHARGE _____ | | | TOTAL _____ |
| SWAB CUPS NO. _____ SIZE _____ TYPE _____ PER EACH _____ | | | TOTAL _____ |
| SWAB CUPS NO. _____ SIZE _____ TYPE _____ PER EACH _____ | | | TOTAL _____ |
| OIL SAVER RUBBERS _____ PER EACH _____ | | | TOTAL _____ |
| DOPE _____ | | | TOTAL _____ |
| TUBING TONGS _____ | | | TOTAL _____ |
| ROD TONGS _____ | | | TOTAL _____ |
| SOLVENT _____ | | | TOTAL _____ |
| OUT OF TOWN _____ | | | TOTAL _____ |
| MISC. _____ | | | TOTAL _____ |
| X _____ | | | TOTAL _____ |

COMPANY REPRESENTATIVE

DATE



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

Invoice

| Date | Invoice # |
|-----------|-----------|
| 3/29/2021 | 6561 |

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

| |
|--|
| Job Info |
| Pyle #A 1-13 Comanche County, KS Sec 3-31-18 Field Ticket #5349 |

| P.O. No. | Terms |
|----------|--------|
| | Net 30 |

| Quantity | Description | Amount |
|--------------------------------|---------------------------------------|-------------------------|
| 1 | Service Charge | 500.00 |
| 1 | Set Solid Bridge Plug 4-1/2 - @ 4800' | 1,460.00 |
| 1 | Set Solid Bridge Plug 4-1/2 - @ 4640' | 1,460.00 |
| 1 | 2 Shots @ 1020 | 1,250.00 |
| | Total Charges for Service | 4,670.00 |
| | Cased Hole - Discount | -934.00 |
| <i>4/11 mg</i> | | |
| <i>980</i> | | |
| Please remit to above address. | | Total \$3,736.00 |

