KOLAR Document ID: 1570869

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 #:			,	API No.	15	
Name:				Spot De	scription:	
Address 1:			.		Sec Tw	p S. R East West
Address 2:					Feet from	
City:	State:	Zip: +	.		Feet from	East / West Line of Section
Contact Person:				Footage	s Calculated from Neares	st Outside Section Corner:
Phone: ()					NE NW	SE SW
Type of Well: (Check one)		OG D&A Cathodi		,		
ENHR Permit #:	Gas Sto	rage Permit #:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:	
Depth to	Top: Botto	m: T.D		00 0		
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.	
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water	Records		Casing Re	cord (Su	urface, Conductor & Produc	tion)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If
Plugging Contractor License #	:		Name:			
Address 1:			Address 2:	:		
City:			\$	State:		Zip:+
Phone: ()						
Name of Party Responsible for	r Plugging Fees:					
State of	County, _			, ss.		
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed decertibed
	(Print Name)			E	imployee 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.

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		Wor	rk Date	Due Date
	Due on rec	receipt 3/26/2021		4/30/2021			
Item		Description		Qty		Rate	Amount
RIG 3 W/2 MEN	DOWN RODS IN SING OUT LINES. ANCHOR AND WORK ANCHOR F	ROVE RIG TO WELL. RIGGED GLES. RIGGED UP TUBING TO WOULD NOT RELEASE. PUT T FOR SEVERAL HOURS. GOT AI NG DOWN. SHUT DOWN. DRO RICK.	OLS. PUT TONGS ON NCHOR TO		11	225.00	2,475.001
ROD WIPER TUBING TONGS MISC TUBING WIPER RIG 3 W/2 MEN	ROD WIPERS TUBING TONGS TUBING SEALS TUBING WIPER TICKET 6548 3/29 - D FOUND SURFACE VAL' RIGGED UP LOGGERS. PLUGS. PERFORATED.	ROVE TO LOCATION. DUG CE VE AND MADE SURE VALVE V SET CIBP X2. DUMPED CEMEN RAN TUBING IN. PUMPED CEM	ORKED. NT ON MENT. LAID		1 1 3 1 11	18.00 100.00 20.00 20.00 225.00	18.00T 100.00T 60.00T 20.00T 2,475.00T
TUBING TONGS RIG 3 W/2 MEN	WAS GUSTING 45 MPI DOWN. TUBING TONGS TICKET 6549 3/30 - DI	ED OFF WITH CEMENT, CROS H. TOO WINDY TO RIG DOW ROVE TO LOCATION, RIGGED D. DROVE RIG BACK TO MED L	N. SHUT	(50.00T 675.00T		
	I.		Sul	btotal			\$5,873.00
		ll bear interest at the rate of i	.8% Sa	les Ta	× (6	.5%)	\$381.75
er annum. Phone #	Fax #	Federal Tax Identification	То	tal			\$6,254.75
(620)213-042		26-1817582		ments	/Cr	edits	\$0.00
<u> </u>	.l		Ba	lance	z D	ue	\$6,254.75

M & M Well Service

WORK TICKET

6547

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

NEW WELL	
OLD WELL	
PIG # 3	·

DATE	3-26	2021
DAIL	1 4	216071

COMPLETE EDMPANY Edison Ofertion ADDRESS CITY/STATE POSITION NAME HRS REVENUE TRAVEL NON REVENUE OPERATOR FLOOR HAND DAIREM FLOOR HAND ANA H FLOOR HAND (de) >-JTS PULLED WELL EQUIPMENT JTS RAN POLISHED RODS PONY RODS 143 RODS RODS RDDS PUMP/VALVES PUPS 156 23/8 TUBING SN/BBL ANCHOR/PACKER OTHER DESCRIPTION OF WORK BEING PERFORMED noter would not release, Put torgs on and well ancher for severel hours got ancher down Shot down drove home, sted 1200 in Devich for comenting. RIG W/2 MEN ______ HRS // PER HOUR 225 FUEL SURCHARGE SWAB CUPS NO. _____ SIZE ____ TYPE ____ PER EACH ____ SWAB CUPS NO. SIZE ____ TYPE ____ PER EACH ___ OIL SAVER RUBBERS / rod will PER EACH 185 TUBING TONGS ROD TONGS SOLVENT Tuber seals 3 of 200 each OUT OF TOWN MISC. the What TOTAL 20 TOTAL COMPANY REPRESENTATIVE Taylor Printing, Inc • 800-870-7102

M & M Well Service

COMPANY REPRESENTATIVE

WORK TICKET

6548

Taylor Printing, Inc • 800-870-7102

IN OT IN	well Serv	ice			NI	EW WELL		0340
1	PO. Box 287					LD WELL		
Medicir	ie Lodge, KS 67104						DATE 3-24-7	1021
	20-213-0424						COMPLETE	
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COMPANY E	dison Oftentive		ASE _	1 1	1.0		WELL# 4 (-13	
ADDRESS	Die Salemi)		Т	WP		ANG	
CITY/STATE						INTY &	Minchel STATE KS	
					=			
POSITION	NAME	HRS REVE	NUE	TRAVEL	ИОИ	REVENUE	TOTAL HRS WKD	
OPERATOR	Nuttin					-		-
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				P/VALVES				
				PUPS				
				JBING N/88L				
				OR/PACKER	₹			
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ROD TONGS							DTAL	
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MISC.						т	DTAL	
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M & M Well Service WORK TICKET

111 00 111					V WELL -			
	P.O. Box 287				WELL		7 12	use I
Medicii	ne Lodge, KS 67104			RIG	#		ATE 3-302	(SL)
(520-213-0424					C	OMPLETE	₩
		JOB TY	PE			11	NCOMPLET	ε 🗌
COMPANY E	discu Oqueting	LEASE	Pyle A	1-13		WELL#		
ADDRESS	, ,					ANG		
CITY/STATE					MMO) YTH	welpa	STATE ()	
				-01				
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			RODS					
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,			TUBING					
		ANG	SN/BBL ANCHOR/PACKER					
-		AITE	OTHER					
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RIG W/2 MEN		HRS	PER HOUF	225	ر <u></u> ٦	OTAL_	675=	
	RGE					OTAL		
SWAB CUPS N	IOSIZE	TYPE	PER E	ACH	T	OTAL _		
SWAB CUPS N	IOSIZE	TYPE	PER E	ACH		OTAL_		
OIL SAVER RU	IBBERS		PER E	ACH	٦	TOTAL_		
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	OMPANY REPRESENTATI	VE		DATE		=	Taylor Printing, Inc • 8	

Taylor Printing, Inc • 800-870-7102

Invoice



Date	Invoice #
3/29/2021	6561

Bill	То			

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

Jo	b Info
Com Sec :	#A 1-13 anche County, KS 3-31-18 Ticket #5349

		P.O. No.	Terms
			Net 30
Quantity	Description		Amount
	1 Service Charge 1 Set Solid Bridge Plug 4-1/2 - @ 4800' 1 Set Solid Bridge Plug 4-1/2 - @ 4640' 2 Shots @ 1020 Total Charges for Service Cased Hole - Discount		500.0 1,460.0 1,460.0 1,250.0 4,670.0 -934.0
	4/11 mgr		ક નહે
	980	8	
se remit to abov	ve address.	Total	\$3,736.0



Customer	EDISON OPERAT	ING	Lease & Well#	Market A 4 4	~			E SECTION S		
Service District	PRATT	1110						Date		3/29/2021
Job Type	PLUG TO ABAN	PROD	County & State		Legals S/T/R	0	1S-18W	Job#		
	-	PROD	D IN)	□ SWD	New Well?	□ YES	Ø No	Ticket#	1110	WP1245
Equipment # 912	Driver				nalysis - A Discus	sion of Hazard	is & Safety F	rocedures	773	
179/522	MATTAL	Hard hat		☐ Gloves		□ Lockout/Ta	gout	□ Waming Sig	gns & Flaggir	ng
527/533	LESLEY	H2S Monitor		☐ Eye Protection		□ Required P	ermits	☐ Fall Protecti	ion	
ULITOUS	LEGLET	Safety Footwea FRC/Protective		☐ Respiratory Pro		□ Slip/Trip/Fa		□ Specific Job	Sequence/E	peclations
		Hearing Protect	_	□ Additional Cher		□ Overhead I		☐ Muster Poin		cations
		- redning rioteci	101)	☐ Fire Extinguishe			concerns or i	ssues noted belov	W	
					Cor	nments				
						×				
Product/Service Code		Descr	iption		Unit of Measure	Quantity		588 F.		Net Amoun
	H-Plug				sack	350,0				\$3,867,6
	Light Equipment Mil				mi	50.00				\$3,867.
	Heavy Equipment M	filéage			mi	50.00				\$170.0
	Ton Mileage	· · · · · · · · · · · · · · · · · · ·			tm	753.00				\$960.0
2010	Cement Pump Servi	ice			ea	1.00				\$637.5
		-								
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Custom	or Section O- H-	evil = 2 27/2								
Costoni	er Section: On the I	following scale how	would you rate Hu	rricane Services In	c.?				Net:	\$5,720.08
Base	d on this Job, how	likely is it you wou	ld sacommend his	71.4		otal Taxable	\$ -	Tax Rate:		\$5,720.00
				il to a colleague?	l'A	unicane Services	lobe sales la relies on the	Customer provided	Sale Tax:	\$.
Uniik	ely 1 2 3	4 5 6	7 8	9 10 Барел	, w	rell information ab ervices and/or pro	rove to make a	delarmination if	Total:	\$ 5,720.08
RMS: Cash in advance	unless Humbane Sen lerest on the balance p	vices Inc. (HSI) has a	pproved credit prior to	sale. Credit terms of				Mike Matta	_	
of the collection. Custo	lerest on the balance p	ast due at the rate of	1 144 per month or the	he maximum allowab	e by applicable state	or federal laws I	o the event it i	or before the 30th o	lay from the di	ite of invoice. Past

due accounts shall pay interest on the belance past due at the rate of 15% per month or the maximum allowable by applicable state or federal laws, in the event, it is necessary to employ an agency and/or attorney to previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the services. Any discount is based on 30 days net payment terms or cash. DISCLAIMER NOTICE: Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the terms/condition stated above, and Hurricane has been provided accurate well information in determining texable services. The authorization below acknowledges the receipt and acceptance of all

CUSTOMER AUTHORIZATION SIGNATURE



	1	ATMEN	T REPO	ORT			V 5 4 7 12 1	2 10 11 11 11 11	
	nerr:	EDISON	OPERA	TING	Well:	PYLE A 1-13	Ticket:	WP1245	
4	State: WILMORE KS				County:	COMANCHE KS	Date:	3/29/2021	
elc	Rep:	DALLAS	PREST	ON	S-T-R:	13-31S-18W	Service:	PLUG TO ABAN	
Down	hale li	nformatio	n (C					Notes to the second	
	Size:	in			Calculated Siui Blend:	ry - Lead H-PLUG		ulated Slurry - Tail	
Hole Depth:		ft			Weight:	13.8 ppg	Blend: Weight:	ppg	
Casing Size:				1	Water / Sx:	7.0 gal / sx	Water / Sx:	gal / sx	
asing Depth:		ft			Yield:	1.45 ft ³ / sx	Yield:	ft ³ / sx	
bing /				1	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.	
	epth:				Depth:	ft	Depth:	ft	
iol / Pa Taol D				8	Annular Volume:	0.0 bbls	Annular Volume:	0 bbls	
Tool Depth: splacement:				1	Excess:	00.0 544-	Excess:		
		STAGE		TOTAL	Total Slurry: Total Sacks:	90.0 bbis 350 sx	Total Sturry:	0.0 bbls	
ME	RATE	PSI	BBLs		REMARKS	330 58	Total Sacks:	#DIV/01 sx	
40 PM					ON LOCATION, SAFTEY N	MEETING			
44 PM		300.0	20.0	20.0	PRESSURE TEST CASING	TO 300 PSI, held			
43 PM		100.0	1.0	21.0	PERFS AT 1020' PUMP	WATER, CIRCULATING			
15 PM	3.0	250.0	76.0	97.0	97.0 MIX 295 SKS H-PLUG, DOWN TUBING, CEMENT TO SURFACE IN CASING				
2 PM	3.0	150.0	14.0	111.0	MIX 55 SK\$ H-PLUG DOW	N CASING, CIRCULATED OUT BAC	KSIDE		
	-								
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					JOB COMPLETE, THANK	YOUI			
					MIKE MATTAL				
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NI VIII	CENT IN								
	I A	CREW		Table 14	UNIT		SUMMARY		
Ceme		MATT			912	Average Rate	Average Pressure	Total Fluid	
np Opei	_	OSBORN #NAME?			179/522	3.0 bpm	200 psi	111 bbls	
	lk #1: lk #2:	#NAM	=7	-	527/533				

ftv: 7-2020/11/30 mplv: 123-2021/03/24