

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



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

Invoice

Date	Invoice #
1/11/2023	8338

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

Job Info
Peggy #1-18 Stafford County, KS Field Ticket #7359

P.O. No.	Terms
	Net 30

Quantity	Description	Amount
1	Service Charge	500.00
2	Casing Cutter @ 1600' & 1700'	2,700.00
1	Set Solid Bridge Plug 5 1/2 - each	1,550.00
1	Dump Bailer w/sack of cement	300.00
	Total Charges for Service	5,050.00
	Cased Hole - Discount	-757.50
Please remit to above address.		Total \$4,292.50



INVOICE

DATE January 15, 2023
 INVOICE # 2221
 PLUG JOB

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

Bill To: EDISON OPERATING COMPANY

Lease Name Peggy
 Well Number 1-8
 County Stafford
 State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	1/10/23 Work Ticket #29562		
5.0	Rig #30 Operator & 2 men	300.00	1,500.00
1.0	Fuel Charge	100.00	100.00
	1/11/23 Work Ticket #29563		
10.0	Rig #30 Operator & 2 men	300.00	3,000.00
1.0	Tong Trip	100.00	100.00
1.0	Thread Dope	50.00	50.00
1.0	Fuel Charge	200.00	200.00
	1/11/23 Work Ticket #182		
1.0	Service Man to Run Casing Equipment	750.00	750.00
1.0	4 1/2 Casing Equipment	800.00	800.00
50.0	Mileage	1.50	75.00
	1/12/23 Work Ticket #29564		
5.0	Rig #30 Operator & 2 men	300.00	1,500.00
1.0	Tong Trip	100.00	100.00
1.0	Fuel Charge	100.00	100.00
SUBTOTAL			8,275.00
TAX RATE			7.50%
SALES TAX			620.63
TOTAL			\$ 8,895.63

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

ALLIANCE

WELL SERVICE, INC.

No 29562

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 1-10-23

COMPANY Eddison JOB TYPE Plug COMPLETE
 ADDRESS _____ LEASE Peggy INCOMPLETE
 CITY / STATE _____ ZIP CODE _____ COUNTY Stafford STATE Ks
 SEC _____ TWP _____ ANG _____

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</u>	<u>5</u>			<u>5</u>
DERRICK HAND	<u>Josh Bollen</u>	<u>5</u>			<u>5</u>
FLOOR HAND	<u>Limmye Rouse</u>	<u>5</u>			<u>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, get catted in, S.I.R.L. shut down drive home.

Double Drum Rig w/2 Men	<u>5</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>1500</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>100</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	

x _____ Date _____
 Company Representative

TOTAL _____

ALLIANCE

WELL SERVICE, INC.

No 29563

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 1-11-23

COMPLETE

INCOMPLETE

COMPANY Edison

JOB TYPE Plug

LEASE Peggy

WELL # 1-8

ADDRESS _____

SEC _____ TWP _____

ANG _____

CITY / STATE _____

ZIP CODE _____

COUNTY Stafford

STATE Ks

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</u>	<u>10</u>			<u>10</u>
DERRICK HAND	<u>Josh Bolton</u>	<u>10</u>			<u>10</u>
FLOOR HAND	<u>Jimmy Rouse</u>	<u>10</u>			<u>10</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, cu wireline, set C.I.B.P w/ 25x CL, rig up CSNG Egmont work CSNG, 1st shot didn't cut pipe, run 2nd shot, shoot off CSNG rd. wireline, P.O.O.H w/ CSNG, 40jts, ~~run~~ rd CSNG Egmont, cu the Egmont T.U.H w/ 29jts, secure well, shut down, drive home

Double Drum Rig w/2 Men	<u>10</u>	Hrs @	<u>30</u>	Per Hour	Total	<u>3000</u>
Travel Time		Hrs @		Per Hour	Total	
Swab Cups No. _____ Size _____ Type _____				Per Each	Total	
Misc <u>25 fong xl</u>					Total	<u>100</u>
Misc <u>15 dope xl</u>					Total	<u>30</u>
Misc <u>Fuel Charge</u>					Total	<u>20</u>
Misc _____					Total	
Misc _____					Total	
Misc _____					Total	
x _____					Total	
Company Representative _____	Date _____				TOTAL	

ALLIANCE WELL SERVICE, INC.

No 29564

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 1-12-73

COMPLETE

INCOMPLETE

JOB TYPE Plug

LEASE Peggy

WELL # 1-8

SEC 300

TWP

ANG

COUNTY Stafford

STATE KS

COMPANY Eddison

ADDRESS

CITY / STATE

ZIP CODE

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</u>	<u>5</u>			<u>5</u>
DERAICK HAND	<u>Josh Britton</u>	<u>5</u>			<u>5</u>
FLOOR HAND	<u>Barry Walters</u>	<u>5</u>			<u>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, cat in Cement trucks, r.w. Cement, pump 1st plug
pull 13 jts, pump 2nd plug, pull 14 jts pump 3rd plug, lay down last 2 jts
top of well, r.d. Cement, R.D.M.O. take rig to Shop

Double Drum Rig w/2 Men	<u>5</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>1500</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>Jtg tongs x1</u>				Total	<u>100</u>
Misc	<u>Fuel Charge</u>				Total	<u>100</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	

x _____
Company Representative Date

TOTAL _____



HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:
EDISON OPERATING CO LLC
8100 E 22ND ST N
BUILDING 1900
WICHITA, KS 67226

Invoice Date: 1/12/2023
Invoice #: 0366069
Lease Name: Peggy
Well #: 1-18
County: Stafford, Ks
Job Number: WP3827
District: Pratt

Date/Description	HRS/QTY	Rate	Total
Plug	0.000	0.000	0.00
H-Plug	155.000	14.000	2,170.00
Cement Gel-Tacobond	1,000.000	0.450	450.00
Light Eq Mileage	20.000	2.000	40.00
Heavy Eq Mileage	40.000	4.000	160.00
Ton Mileage Minimum	1.000	300.000	300.00
Cement Blending & Mixing	155.000	1.400	217.00
Depth Charge 501'-1000'	1.000	1,250.000	1,250.00
Cement Data Acquisition	1.000	250.000	250.00
Service Supervisor	1.000	275.000	275.00

Net Invoice	5,112.00
Sales Tax:	293.01
Total	5,405.01

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!



Customer: EDISON OPERATING		Lease & Well #: PEGGY 1-18		Date: 1/12/2023	
Service District: PRATT		County & State: STAFFORD KS		Legals S/T/R: 18-25S-14W	
Job Type: PLUG		<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD		New Well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No	
Ticket #: WP3827					
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
912	MATTAL	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
176/522	LESLEY	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
256/526	JULIAN	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
		<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Muster Point/Medical Locations
		<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	
Comments					
Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount	
CP055	H-Plug A	sack	155.00		\$2,170.00
CP056	Cement Gel	lb	1,000.00		\$450.00
M015	Light Equipment Mileage	mi	20.00		\$40.00
M010	Heavy Equipment Mileage	mi	40.00		\$160.00
M025	Ton Mileage - Minimum	each	1.00		\$300.00
C060	Cement Blending & Mixing Service	sack	155.00		\$217.00
D011	Depth Charge: 501'-1000'	job	1.00		\$1,250.00
C035	Cement Data Acquisition	job	1.00		\$250.00
R051	Service Supervisor	day	1.00		\$275.00
Customer Section: On the following scale how would you rate Hurricane Services, Inc.?					
				Net:	\$5,112.00
				Total Taxable \$	-
				Tax Rate:	
Based on this job, how likely is it you would recommend HSI to a colleague?				State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely				Sale Tax:	\$ -
				Total:	\$ 5,112.00
				HSI Representative: <i>Mike Mattal</i>	

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% 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 affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts 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 date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these 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 recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison 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 customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X *Bobby Wilton* CUSTOMER AUTHORIZATION SIGNATURE

CUSTOMER
WELL_NAME

