

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.

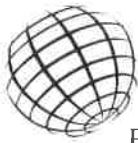
Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

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 #
12/28/2022	8275

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

Job Info
Herd #34- 13 13 Comanche County, KS Field Ticket #7457

P.O. No.	Terms
	Net 30

Quantity	Description	Amount
1	Service Charge	500.00
1	Set Solid Bridge Plug 5 1/2 - each	1,550.00
1	Dump Bailer w/sack of cement	300.00
1	2" Split Shot - Casing Cut @ 3745 *	1,350.00
	Total Charges for Service	3,700.00
	Cased Hole - Discount	-555.00
	<i>9080</i>	
Please remit to above address.		Total \$3,145.00

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
1/3/2023	C-3135

Bill To
Edison Operating Company LLC 8100 E. 22nd St. North, Bldg. 1900 Wichita, KS 67226

P.O. No.	Terms	Lease Name
		Herd #34-13

Description	Qty	Rate	Amount
Common	75	16.75	1,256.25T
Poz	50	9.50	475.00T
Gel	1,030	0.22	226.60T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	135	2.10	283.50T
.10 * sacks * miles	8,775	0.10	877.50T
Service Supervisor	1	325.00	325.00T
LMV	65	4.50	292.50T
Heavy Equipment Mileage	130	9.50	1,235.00T
Customer Discount		-910.71	-910.71
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Herd #34-13 Comanche Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Happy Holidays!	Subtotal	\$5,160.64
	Sales Tax (6.5%)	\$335.44
	Total	\$5,496.08

QUALITY WELL SERVICE, INC.

8197

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-786-6992

Fax 620-672-3663

Todd's Cell 620-388-4967

Brady's Cell 620-727-6964

Date	12-30-22	Sec.	34	Twp.	32S	Range	19W	County	Comanche	State	KI	On Location		Finish		
Lease	HERO		Well No.	34-13		Location Coldwater, KI 540 JCT 360 to 10 th Rd										
Contractor	Alliance Well Service							Owner	LN E. Nantz							
Type Job	PTA							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.								
Hole Size	7 7/8		T.D.													
Csg.			Depth	Charge To		EDISON OPERATING CO LLC										
Tbg. Size	2 3/8		Depth	Street												
Tool			Depth	City		State										
Cement Left in Csg.			Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.												
Meas Line			Displace	Cement Amount Ordered		250 @ 60/40 4 1/2 GEL										
EQUIPMENT				600' 100 GEL on site used 125 sc												
Pumptrk	8	No.		Common		75 sc										
Bulktrk	15	No.		Poz. Mix		50 sc										
Bulktrk		No.		Gel.		1030'										
Pickup		No.		Calcium												
JOB SERVICES & REMARKS				Hulls												
Rat Hole	Salt															
Mouse Hole	Flowseal															
Centralizers	Kol-Seal															
Baskets	Mud CLR 48															
D/V or Port Collar	CFL-117 or CD110 CAF 38															
1st Plug	Sand															
6 sc GEL	Handling 135															
30 @ 60/40 4 1/2 GEL	Mileage 651 BT75															
0.75	FLOAT EQUIPMENT															
2nd Plug	Guide Shoe															
45 @ 60/40 4 1/2 GEL	Centralizer															
Circ CNT TO BIT	Baskets															
	AFU Inserts															
	Float Shoe															
	Latch Down															
	SERVICE Spv 1 EA															
	LNU 65															
	Pumptrk Charge PTA															
	Mileage 130															
	Tax															
	Discount															
	Total Charge															
X Signature	<p>THANK YOU PLEASE CALL AGAIN TODD BRADY X 2</p>															



INVOICE

DATE January 4, 2023
 INVOICE # 2215
 PLUG JOB

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

Bill To: EDISON OPERATING COMPANY

Lease Name Herd
 Well Number 34-13
 County Comanche
 State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	12/27/22 Work Ticket #29552		
3.0	Rig #30 Operator & 2 men	300.00	900.00
1.0	Fuel Charge	60.00	60.00
	12/28/22 Work Ticket #29553		
10.0	Rig #30 Operator & 2 men	300.00	3,000.00
1.0	Fuel Charge	200.00	200.00
	12/28/22 Work Ticket #179		
1.0	Service Man to Run Casing Equipment	750.00	750.00
1.0	4 1/2 Casing Equipment	800.00	800.00
140.0	Mileage	1.50	210.00
	12/30/22 Work Ticket #29554		
4.0	Rig #30 Operator & 2 men	300.00	1,200.00
1.0	Fuel Charge	80.00	80.00
SUBTOTAL			7,200.00
TAX RATE			6.50%
SALES TAX			468.00
TOTAL			\$ 7,668.00

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



SALES & SERVICE INVOICE

Remit To: Alliance Well Service Inc. • 470 Yucca Lane • Pratt, KS 67124
TERMS: 30 DAYS FROM DATE OF INVOICE
 Office Phone: 620-672-9100
 Fax: 620-672-5020

NEW WELL
 OLD WELL

DATE ISSUED: 12-28-22
 SHIPPED FROM: (DISTRICT) Pratt

SOLD TO Edition Operating
SHIP TO Edition Operating
 COUNTY: Comstock LEASE: Head
 WELL NO.: 34-13
 FIELD: STATE: KS

ITEM	QUANTITY	COMMODITY NO.	DESCRIPTION	UNIT CONTROL CODE	DISC.	NET AMOUNT
01	1	-	Service man charge to run casing tonge, set CDP @ 490' dump bail 2 sx cant, cut casing @ 3750'	750 00		750 00
			lay down 5 1/2" BHA w/ tubing to 985' pump			
			10 sx gal & 80 sx 60/40 poor 4% gal, pull to 62' & circulate to surface w/ 35' sx			
02	1		casing equip 5 1/2" casing tonge, slips, clowstons & lay down equip	800 00		800 00
03	140		Car mileage	1 50		210 00
TAX						

Checked By: [Signature] Coded By: [Signature]
TOTAL
 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 [Signature]
OR CONTRACTOR: [Signature]
 REPRESENTATIVE
 Taylor Printing, Inc. • 620-672-3656

ALLIANCE

WELL SERVICE, INC.

No 29552

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 10-07-22

COMPLETE

INCOMPLETE

COMPANY Eddison JOB TYPE Plug
 ADDRESS _____ LEASE Head WELL # 34-13
 CITY / STATE _____ SEC _____ TWP _____ ANG _____
 ZIP CODE _____ COUNTY Comanche STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</u>	<u>3</u>			<u>3</u>
DEARICK HAND	<u>Josh Britton</u>	<u>3</u>			<u>3</u>
FLOOR HAND	<u>Jimmy Bouse</u>	<u>3</u>			<u>3</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/cig, Sit R.U, lay down ljt, secure well, shut down drive home

Double Drum Rig w/2 Men	<u>3</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>900</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>60</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
x					Total	

Company Representative _____ Date _____

TOTAL

ALLIANCE WELL SERVICE, INC.

No 29553

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 12-28-22

COMPLETE

INCOMPLETE

COMPANY Eddison
ADDRESS _____
CITY / STATE _____ ZIP CODE _____

JOB TYPE Plug
LEASE Head WELL # 34-13
SEC _____ TWP _____ ANG _____
COUNTY Comanche STATE Ks

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</u>	<u>10</u>			<u>10</u>
DEARICK 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, P.W. wire line, set C.I.B.P. @ 4910' w/ 5sa Cement
load csng, shoot csng off r.d. wire line, P.O. 4 w/ csng 89jts
to cal. csng Eggmt, run to Eggmt T.I. 4 w/ 33jts, secure well, shut down
drive home

Double Drum Rig w/2 Men	<u>10</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>3000</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>200</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
x					Total	
Company Representative		Date			TOTAL	

ALLIANCE

WELL SERVICE, INC.

No 29554

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 12-30-2022

COMPLETE

INCOMPLETE

COMPANY Eddison

JOB TYPE Plug

LEASE Head

WELL # 24-13

ADDRESS _____

SEC _____

TWP _____

ANG _____

CITY / STATE _____

ZIP CODE _____

COUNTY Comanche

STATE Ks

POSITION	NAME	HRS	REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Groggs</u>	<u>4</u>				<u>4</u>
DERRICK HAND	<u>Josh Britton</u>	<u>4</u>				<u>4</u>
FLOOR HAND	<u>Jimmy Rouse</u>	<u>4</u>				<u>4</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, run cementec's, pump 1st plug @ 955', pull 31 jts
pump 2nd plug @ 60', pull last 2 jts, R.D.M. 5

Double Drum Rig w/2 Men	<u>4</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>1200</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>80</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
x					Total	
Company Representative		Date			TOTAL	