

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

Form	CP4 - Well Plugging Record
Operator	Edison Operating Company LLC
Well Name	HERD 34-14
Doc ID	1690533

Producing Formations

Formation	Top	Bottom	Total Depth
MARM	4928	4932	
FT SCOTT	5022	5050	
CHEROKEE	5098	5113	
MISS	5224	5267	5200
VIOLA	5837	5846	5530
SIMP	6030	6053	6000
ARB	6112	6131	6000



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

Invoice

Date	Invoice #
12/20/2022	8276

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

Job Info
Herd #34- 8 14 Comanche County, KS Field Ticket #7356

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	Cut Casing @ 2100	1,350.00
	Total Charges for Service	3,700.00
	Cased Hole - Discount	-555.00

9080

Please remit to above address.	Total	\$3,145.00
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Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
1/3/2023	C-3134

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

P.O. No.	Terms	Lease Name
		Herd #34-14

Description	Qty	Rate	Amount
Common	114	16.75	1,909.50T
Poz	76	9.50	722.00T
Gel	1,102	0.22	242.44T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	190	2.10	399.00T
.10 * sacks * miles	10,000	0.10	1,000.00T
Service Supervisor	1	325.00	325.00T
LMV	65	4.50	292.50T
Heavy Equipment Mileage	130	9.50	1,235.00T
Customer Discount		-1,445.09	-1,445.09
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	\$5,780.35
	Sales Tax (6.5%)	\$375.72
	Total	\$6,156.07

QUALITY WELL SERVICE, INC.

8196

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	Sec.	Twp.	Range	County	State	On Location	Finish
12-26-22	34	32S	19W	Comanche	Ks		
Lease HERO	Well No. 34-14		Location Coldwater Ks S. 40 Jct 3W to 10 th rd				
Contractor ALLIANCE Well SERVICE				Owner IN 'E into			
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 77/8	T.D.		Charge To Edison OPERATING CO. LLC				
Csg.	Depth		Street				
Tbg. Size 2 3/3	Depth		City State				
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 195 sc 60/40 41 GEL				
EQUIPMENT				500' GEL on side			
Pumptrk 8 No.			Common 105 sc 119 sc				
Bulktrk 15 No.			Poz. Mix 70 sc 76 sc				
Bulktrk No.			Gel. 1102 #				
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 955'				Sand			
10 sc GEL				Handling 180 sc 190 sc			
90 sc 60/40 41 GEL				Mileage 651 10000			
DISP				FLOAT EQUIPMENT			
2nd Plug 60'				Guide Shoe			
50 sc 60/40 41 GEL				Centralizer			
CIRC CMT TO PRT				Baskets			
PTOOL				AFU Inserts			
TOP OFF 45 sc 60/40 41 GEL				Float Shoe			
CMT DOWN 50'				Latch Down			
LET SET OVERNIGHT				SERVICE SPV 1 EA			
THG CMT 50' DOWN NEXT MORNING				LNU 65			
TOP OFF 15 sc 60/40 41 GEL 12-30-22				Pumptrk Charge PTA			
THANK YOU				Mileage 130			
PLEASE CALL AGAIN				Tax			
TODD BRYAN NOTE				Discount			
Signature [Signature]				Total Charge			



INVOICE

DATE January 4, 2023
 INVOICE # 2214
 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 34-14
 County Comanche
 State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	12/20/22 Work Ticket #29548		
12.0	Rig #30 Operator & 2 men	300.00	3,600.00
1.0	Tong Trip	100.00	100.00
1.0	Fuel Charge	240.00	240.00
	12/21/22 Work Ticket #29549		
6.0	Rig #30 Operator & 2 men	300.00	1,800.00
1.0	Fuel Charge	220.00	220.00
	12/21/22 Work Ticket #178		
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
	12/26/22 Work Ticket #29550		
5.0	Rig #30 Operator & 2 men	300.00	1,500.00
1.0	Fuel Charge	100.00	100.00
	12/27/22 Work Ticket #29551		
3.0	Rig #30 Operator & 2 men	300.00	900.00
1.0	Fuel Charge	60.00	60.00
		SUBTOTAL	10,280.00
		TAX RATE	6.50%
		SALES TAX	668.20
		TOTAL	\$ 10,948.20

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

ALLIANCE WELL SERVICE, INC.

No 29548

470 Yucca Lane • Pratt, KS 67124
24 Hour Phone: 620-672-9100 • Fax: 620-672-5020

WORK TICKET

NEW WELL

OLD WELL

RIG # 303

DATE 12-20-22

COMPLETE

INCOMPLETE

COMPANY Eddison

JOB TYPE Plug

LEASE Head

WELL # 34-14

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 Gross</u>	<u>12</u>			<u>12</u>
DEARICK HAND	<u>Josh Britton</u>	<u>12</u>			<u>12</u>
FLOOR HAND	<u>Jimmy Rouse</u>	<u>12</u>			<u>12</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 rig, start rig, To location well, S.I.R.U, P.O.I.H w/ the load cong, shoot cong off, secure well, shut down, drive home

Double Drum Rig w/2 Men	<u>12</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>3600</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>Ty: tong x1</u>					Total	<u>100</u>
Misc <u>Fuel Charge</u>					Total	<u>240</u>
Misc _____					Total	
Misc _____					Total	
Misc _____					Total	
Misc _____					Total	
x _____					Total	

Company Representative _____ Date _____

TOTAL _____

ALLIANCE WELL SERVICE, INC.

No 29549

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 12-21-20

COMPLETE

INCOMPLETE

COMPANY Eddison

ADDRESS _____

CITY / STATE _____ ZIP CODE _____

JOB TYPE plug

LEASE head

SEC _____ TWP _____

COUNTY Comanche

WELL # 34-14

ANG _____

STATE Ks

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Garris</u>	<u>6</u>			<u>6</u>
DERRICK HAND	<u>Josh Britton</u>	<u>6</u>			<u>6</u>
FLOOR HAND	<u>Jimmy Kause</u>	<u>6</u>			<u>6</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, lay down Congi T. 1.14 w/ lbs, secure well, shut down drive home.

Double Drum Rig w/2 Men	<u>6</u>	Hrs @	<u>30</u>	Per Hour	Total	<u>1800</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>120</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	

x _____
Company Representative Date

TOTAL



SALES & SERVICE INVOICE

Remit To: Alliance Well Service Inc. • 470 Yucca Lane • Pratt, KS 67124

178

TERMS: 30 DAYS FROM DATE OF INVOICE

Office Phone: 620-672-9100

Fax: 620-672-5020

DATE ISSUED: 12-21-22

SHIPPED FROM: (DISTRICT) Pratt

SOLD TO Edison Operating

SHIP TO

WELL NO. 34-14

FIELD

COUNTY *Cherokee*

LEASE *Herd*

STATE *KS*

NEW WELL

OLD WELL

ITEM	QUANTITY	COMMODITY NO.	DESCRIPTION	UNIT CONTROL CODE	DISC.	NET AMOUNT
01	1	-	Service msh charge to run casing tonge, set CIBP @ 4870' & dump bail 2rx cant, cut casing 2100' lay down 5 1/2", B1H w/ tubing to 955' pump 10 sx sel + 80 sx 60/40 por 4% sel w/ circulation, pull to 62' pump 95 sx did not circulate, try next morning @ 48' top off w/ 15 sx	750 00		750 00
02	1	casing equip	5 1/2" tonge, slips, plowbars & lay down equip	800 00		800 00
03	140	mi. / eq	Per mileage	1 50		210 00
TAX						
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: *Berry*

OR CONTRACTOR: *W. H. Ford*

Checked By *BW* Coded By *BW*

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.

(NAME IN FULL)

ALLIANCE WELL SERVICE, INC.

No 29550

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 12-26-22

COMPLETE

INCOMPLETE

COMPANY Edlison

JOB TYPE Plug

LEASE Head

WELL # 34-14

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 Gross</u>	<u>5</u>			<u>5</u>
DERRICK HAND	<u>Josh Bolton</u>	<u>5</u>			<u>5</u>
FLOOR HAND	<u>Jimmy 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, c.u. Cementer's, Pump 1st plug @ 955', D.O.G. to 5th plug @ 60', pump Cement, no circulation, c.u. Cementer's, secure well 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					Total	
Company Representative		Date			TOTAL	

ALLIANCE WELL SERVICE, INC.

470 Yucca Lane • Pratt, KS 67124
24 Hour Phone: 620-672-9100 • Fax: 620-672-5020

No 29551

WORK TICKET

NEW WELL

OLD WELL

RIG # 30

DATE 12-27-20

COMPLETE

INCOMPLETE

COMPANY Edison Edison

JOB TYPE Pico

LEASE Lease

WELL # 34-14

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 Gross</u>	<u>3</u>			<u>3</u>
DERRICK HAND	<u>Josh Raiton</u>	<u>3</u>			<u>3</u>
FLOOR HAND	<u>Jimmy Rouse</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, R.D.M.O.

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	
Misc					Total	
					TOTAL	

x _____
Company Representative Date