

**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 # |
|----------|-----------|
| 1/4/2023 | 8305      |

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

| Job Info   |
|--|
| Kachelman 1A-36<br>Stafford County, KS<br>Field Ticket #7357 |

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

| Quantity | Description                        | Amount   |
|----------|------------------------------------|----------|
|          | Service Charge                     | 500.00   |
|          | Set Solid Bridge Plug 5 1/2 - each | 1,550.00 |
|          | Dump Bailer w/sack of cement       | 300.00   |
|          | Casing Cutter @ 1750               | 1,350.00 |
|          | Total Charges for Service          | 3,700.00 |
|          | Cased Hole - Discount              | -555.00  |

|                                |              |                   |
|--------------------------------|--------------|-------------------|
| Please remit to above address. | <b>Total</b> | <b>\$3,145.00</b> |
|--------------------------------|--------------|-------------------|



# 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: 1/5/2023  
Invoice #: 0365772  
Lease Name: Kachelman  
Well #: 1A-36  
County: Stafford, Ks  
Job Number: WP3793  
District: Pratt

| Date/Description         | HRS/QTY   | Rate      | Total    |
|--------------------------|-----------|-----------|----------|
| PTA                      | 0.000     | 0.000     | 0.00     |
| H-Plug                   | 150.000   | 14.000    | 2,100.00 |
| Cement Gel-Tacobond      | 1,000.000 | 0.450     | 450.00   |
| Light Eq Mileage         | 30.000    | 2.000     | 60.00    |
| Heavy Eq Mileage         | 60.000    | 4.000     | 240.00   |
| Cement Blending & Mixing | 200.000   | 1.400     | 280.00   |
| Ton Mileage              | 258.000   | 1.500     | 387.00   |
| 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  | 5,292.00        |
| Sales Tax:   | 308.93          |
| <b>Total</b> | <b>5,600.93</b> |

**TERMS:** Net 30 days. Interest may be charged on past due invoice at rate of 1 1/4% 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 # | Kachelman 1A-36   | Date         | 1/5/2023   |
| Service District | Pratt Kansas   | County & State | Stafford  | Legals S/T/R | 36-24s-14w |
| Job Type         | PTA <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD <input type="checkbox"/> | New Well?      | <input type="checkbox"/> YES <input checked="" type="checkbox"/> No | Job #        |            |
| Equipment #      | Driver   | Ticket #       |   |              |            |

**Job Safety Analysis - A Discussion of Hazards & Safety Procedures**

|   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> Hard hat                | <input checked="" type="checkbox"/> Gloves            | <input type="checkbox"/> Lockout/Tagout                            | <input type="checkbox"/> Warning Signs & Flagging                  |
| <input type="checkbox"/> H2S Monitor                        | <input type="checkbox"/> Eye Protection               | <input type="checkbox"/> Required Permits                          | <input type="checkbox"/> Fall Protection                           |
| <input checked="" type="checkbox"/> Safety Footwear         | <input type="checkbox"/> Respiratory Protection       | <input checked="" 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 checked="" type="checkbox"/> Overhead Hazards               | <input checked="" 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 |  |

| Product/ Service Code | Description                      | Unit of Measure | Quantity | Net Amount |
|-----------------------|----------------------------------|-----------------|----------|------------|
| CP055                 | H-Plug A                         | sack            | 150.00   | \$2,100.00 |
| CP090                 | Cement Gel                       | lb              | 1,000.00 | \$450.00   |
| MD18                  | Light Equipment Mileage          | mi              | 30.00    | \$60.00    |
| MD10                  | Heavy Equipment Mileage          | mi              | 60.00    | \$240.00   |
| CD40                  | Cement Blending & Mixing Service | sack            | 200.00   | \$280.00   |
| MD20                  | Ton Mileage                      | tm              | 250.00   | \$387.00   |
| MD11                  | Depth Charge: 50'-1000'          | job             | 1.00     | \$1,250.00 |
| CD35                  | Cement Data Acquisition          | job             | 1.00     | \$250.00   |
| MD01                  | Service Supervisor               | day             | 1.00     | \$275.00   |

**Customer Section: On the following scale how would you rate Hurricane Services Inc.?**

|   |                            |                            |                            |                            |                            |                            |                            |                            |                            |                             |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| Based on this job, how likely is it you would recommend HSI to a colleague? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
|   | Unlikely                   |                            |                            |                            |                            |                            |                            |                            |                            | Extremely Likely            |

**Total Taxable** \$ - **Tax Rate:** **Net:** \$5,292.00  
**Sale Tax:** \$ - **Total:** \$ 5,292.00

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.

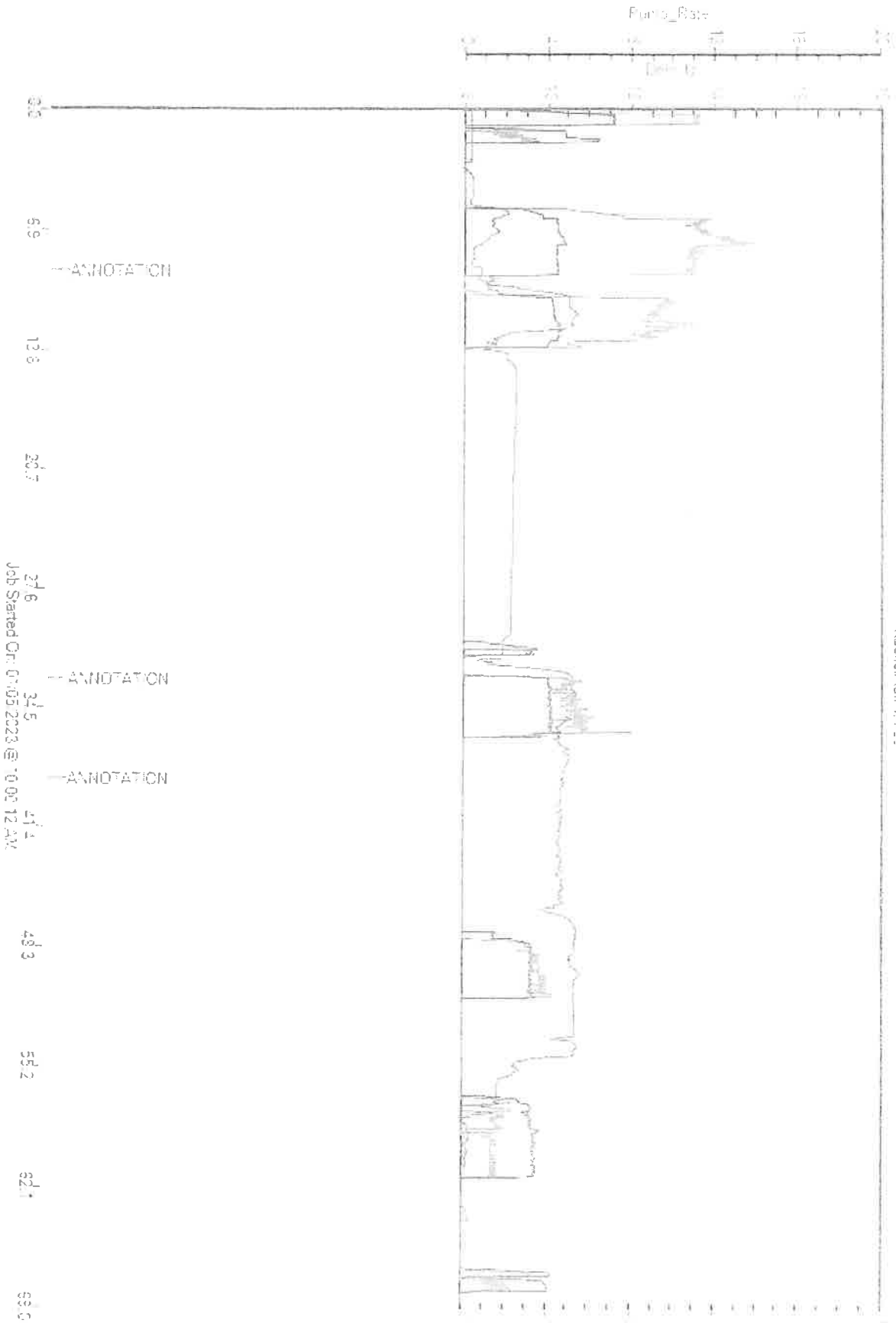
HSI Representative: *Mark Brungardt*

**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 McLean*

CUSTOMER AUTHORIZATION SIGNATURE

EDISON  
Kachajman 14-25







# INVOICE

DATE January 15, 2023  
 INVOICE # 2219  
 PLUG JOB

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

**Bill To:** EDISON OPERATING COMPANY

**Lease Name** Kachelman  
**Well Number** 1A-36  
**County** Stafford  
**State** KS

| QUANTITY         | DESCRIPTION                         | UNIT PRICE | AMOUNT              |
|------------------|-------------------------------------|------------|---------------------|
| 4.0              | <b>12/30/22 Work Ticket #29555</b>  |            |                     |
|                  | Rig #30 Operator & 2 men            | 300.00     | 1,200.00            |
| 1.0              | Fuel Charge                         | 80.00      | 80.00               |
|                  | <b>1/3/23 Work Ticket #29556</b>    |            |                     |
| 10.5             | Rig #30 Operator & 2 men            | 300.00     | 3,150.00            |
| 1.0              | Tong Trip                           | 100.00     | 100.00              |
| 1.0              | Fuel Charge                         | 210.00     | 210.00              |
|                  | <b>1/3/23 Work Ticket #180</b>      |            |                     |
| 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               |
|                  | <b>1/4/23 Work Ticket #29557</b>    |            |                     |
| 12.0             | Rig #30 Operator & 2 men            | 300.00     | 3,600.00            |
| 1.0              | Fuel Charge                         | 240.00     | 240.00              |
|                  | <b>1/5/23 Work Ticket #29558</b>    |            |                     |
| 4.0              | Rig #30 Operator & 2 men            | 300.00     | 1,200.00            |
| 1.0              | Fuel Charge                         | 80.00      | 80.00               |
| <b>SUBTOTAL</b>  |                                     |            | 11,485.00           |
| <b>TAX RATE</b>  |                                     |            | 7.50%               |
| <b>SALES TAX</b> |                                     |            | 861.38              |
| <b>TOTAL</b>     |                                     |            | <b>\$ 12,346.38</b> |

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





# ALLIANCE

## WELL SERVICE, INC.

No 29556

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 1-3-23

COMPLETE

INCOMPLETE

COMPANY Eddison

JOB TYPE Plug

ADDRESS \_\_\_\_\_

LEASE Kachelman

WELL # 1A-36

CITY / STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

SEC \_\_\_\_\_ TWP \_\_\_\_\_

ANG \_\_\_\_\_

COUNTY Stafford

STATE Ks

| POSITION     | NAME                | HRS REVENUE   | TRAVEL | NON REVENUE | TOTAL HRS WKD |
|--------------|---------------------|---------------|--------|-------------|---------------|
| OPERATOR     | <u>Josh Gross</u>   | <u>10 1/2</u> |        |             | <u>10 1/2</u> |
| DERRICK HAND | <u>Josh Britton</u> | <u>10 1/2</u> |        |             | <u>10 1/2</u> |
| FLOOR HAND   | <u>Simmy Kouse</u>  | <u>10 1/2</u> |        |             | <u>10 1/2</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, rig up, rig up spooler, prod. H w/ lbs lay down, lay down pump rig down spooler, secure well, shut down, drive home.

|                          |               |            |            |                |              |             |
|--------------------------|---------------|------------|------------|----------------|--------------|-------------|
| Double Drum Rig w/2 Men  | <u>10 1/2</u> | Hrs @      | <u>300</u> | Per Hour       | Total        | <u>3150</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>Tbg tongs xl</u> |               |            |            |                | Total        |             |
| Misc <u>Fuel Charge</u>  |               |            |            |                | Total        | <u>100</u>  |
| Misc _____               |               |            |            |                | Total        | <u>210</u>  |
| Misc _____               |               |            |            |                | Total        |             |
| Misc _____               |               |            |            |                | Total        |             |
| Misc _____               |               |            |            |                | Total        |             |
| x _____                  |               |            |            |                | Total        |             |
| Company Representative   |               | Date       |            |                | <b>TOTAL</b> |             |



# ALLIANCE

## WELL SERVICE, INC.

No 29558

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 1-5-03

COMPLETE

INCOMPLETE

JOB TYPE Plug

LEASE Kachelman

WELL # 1A-36

SEC \_\_\_\_\_ TWP \_\_\_\_\_

RNG \_\_\_\_\_

COMPANY Edlison

ADDRESS \_\_\_\_\_

CITY / STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

COUNTY Stafford

STATE Ks

| POSITION      | NAME                | HRS REVENUE | TRAVEL | NON REVENUE | TOTAL HRS WKD |
|---------------|---------------------|-------------|--------|-------------|---------------|
| OPERATOR      | <u>Josh Gross</u>   | <u>4</u>    |        |             | <u>4</u>      |
| DEARRICK 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, T. 1. # w/ 28 jts of tbg, run cement, pump 1st plug, pull 18 jts pump 2<sup>nd</sup> plug, pull 8 jts pump 3<sup>rd</sup> plug, lay down last 2 jts, top of well w/ cement, Clean Eq mnt, rd. Cement, P.S.M.O.

|                              |                    |       |            |          |                    |             |
|------------------------------|--------------------|-------|------------|----------|--------------------|-------------|
| 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 _____         |             |
|                              |                    |       |            |          | <b>TOTAL</b> _____ |             |