

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



INVOICE

DATE April 4, 2023
 INVOICE # 2280

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

Bill To: EDISON OPERATING

Lease Name Schaffer *Shafel*
 Well Number 2-24
 County Hamilton
 State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	03/08/23 Work Ticket #6180		
13.0	Rig #34 Operator & 2 men	285.00	3,705.00
1.0	Rod Wiper	22.00	22.00
3.0	Gal Wash Gas	4.00	12.00
1.0	Fuel Charge	260.00	260.00
3.0	Man Per Diem	200.00	600.00
	03/20/23 Work Ticket #172		
1.0	Service Man for Plugging Operation	750.00	750.00
200.0	Mileage	1.50	300.00
6.0	Timbers	35.00	210.00
SUBTOTAL			5,859.00
TAX RATE			7.50%
SALES TAX			439.43
TOTAL			\$ 6,298.43

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

Quasar Energy Services, Inc.
 3288 FM 51
 Gainesville, TX 76240

Invoice

Date	3/27/2023
Invoice #	150711

Bill To
 Edison Operating Company LLC
 8400 E, 22nd Street N., Suite 1900
 Wichita, KS 67226

As of 09/22/2015 any invoice with a discount must be paid within 60 days of the invoice date. After 60 days the discount will be removed and the invoice will reflect the full price.

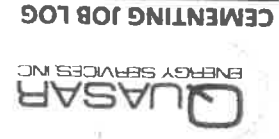
Well

Schaffer 2-24

Description	Quantity	Rate	Amount
Mileage-Pickup	125	5.58	697.50
Mileage-Equipment Mileage	250	8.72	2,180.00
Pumping Service Charge -2	1	3,307.50	3,307.50
Cement-Lite-A(LB)	250	21.54	5,385.00
C-41L Defoamer Liquid	3	48.63	145.89
Cotton Seed Hulls	200	1.10	220.00
Subtotal			11,935.89
Discount - 10%		-10.00%	-1,193.59

Total	\$10,742.30
Payments/Credits	\$0.00
Balance Due	\$10,742.30

All accounts are past due net 30 days following the date of invoice. A finance charge of 1.5% per month or 18% annual percentage rate will be charged on all past due accounts.



CEMENTING JOB LOG

Company: EDISON OPERATING
 Well Name: SHAFER
 Type Job: PTA
 AFE #: 0

Casing Depths		Drill Pipe		Tubing		Open Hole		Perforations	
Size:	4 1/2	Size:	0	Size:	0	Size:	8 5/8	From (ft):	0
Grade:	J-55	Weight:	0	Weight:	0	T.D. (ft):	0	To:	0
Bottom:	0	Weight:	0	Grade:	0	Packer Depth(ft):	0		

Spacer Type:		LEAD:		TAIL:		WATER:		Lead:	
Amt.:		Amt.:		Amt.:		Amt.:		gals/sk:	
Sks yield:		Sks yield:		Sks yield:		Sks yield:		Tail:	
ft ³ /sk:		ft ³ /sk:		ft ³ /sk:		gals/sk:		Total (bbis):	
Density (PPG):		Density (PPG):		Density (PPG):		DP 3		44.6	

Pump Trucks Used:		Bulk Equipment:		Disp. Fluid Type:		Mud Type:	
DP 3		660-25					

COMPANY REPRESENTATIVE:		CEMENTER: JESSE PAXTON	

TIME	AM/PM	Casing	Tubing	ANNULUS	TOTAL	RATE	REMARKS
1200							ON LOCATION - RIG UP - SAFETY MEETING
1234	100			51	1.5		FILL UP 4 1/2 WITH CEMENT
1257	0						S/D 0 PSI
1300	200			8	1.5		FILL SURFACE CASING 8 BBL CEMENT
1309	0						TIE BACK ONTO CASING
1312	200			9	1.5		S/D PSI @ 200 9BBL CEMENT IN
							TOP OFF
							JOB COMPLETE THANK YOU!!!