

**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 #
5/9/2023	8607

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

Job Info
Meyers A #4 Commanche County, KS Field Ticket #7933

P.O. No.	Terms
	Net 30

Quantity	Description	Amount
1	Service Charge	500.00
2	Set Solid Bridge Plug 4-1/2 @ 4921' & 1950'	2,920.00
1	Dump Bailer w/sack of cement	300.00
1	Casing Cutter	1,350.00
	Total Charges for Service	5,070.00
	Cased Hole - Discount	-760.50

Please remit to above address.	<b>Total</b>	<b>\$4,309.50</b>
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# Quality Well Service, Inc.

**PO Box 468  
Pratt, KS 67124**

# Invoice

Date	Invoice #
5/15/2023	C-3229

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

P.O. No.	Terms	Lease Name
		Meyers A-4

Description	Qty	Rate	Amount
Common	81	16.75	1,356.75T
Poz	54	9.50	513.00T
Gel	1,464	0.22	322.08T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	150	2.10	315.00T
.10 * sacks * miles	6,750	0.10	675.00T
Service Supervisor	1	350.00	350.00T
LMV	45	4.50	202.50T
Heavy Equipment Mileage	90	9.50	855.00T
Customer Discount		-853.40	-853.40
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Meyers A-4 Comanche Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	<b>Subtotal</b>	\$4,835.93
	<b>Sales Tax (6.5%)</b>	\$314.34
	<b>Total</b>	\$5,150.27

# QUALITY WELL SERVICE, INC.

8288

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	5-12-23	Sec.	10	Twp.	31S	Range	13W	County	COMANCHE	State	KJ	On Location		Finish		
Lease	MAYERS		Well No.		A-4		Location									
Contractor	ALLIANCE WELL SERVICE						Owner									
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 LLL									
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		150.5K 60/40 4 1/2 GEL									
<b>EQUIPMENT</b>							10K GEL ON SIDE USED 135.9									
Pumptrk	8	No.				Common 8 1/2 K										
Bulktrk	10	No.				Poz. Mix 54 K										
Bulktrk		No.				Gel. 146.4										
Pickup		No.				Calcium										
<b>JOB SERVICES &amp; REMARKS</b>							Hulls									
Rat Hole							Salt									
Mouse Hole							Flowseal									
Centralizers							Kol-Seal									
Baskets	CIBPD						Mud CLR 48									
D/V or Port Collar	CUT OFF						CFL-117 or CD110 CAF 38									
	1ST Plug 1050						Sand									
	10K GEL						Handling 150									
	50K 60/40 4 1/2 GEL						Mileage 45 / 6750									
	150						<b>FLOAT EQUIPMENT</b>									
	2ND Plug 650						Guide Shoe									
	50K 60/40 4 1/2 GEL						Centralizer									
	150						Baskets									
	3RD Plug 60						AFU Inserts									
	35K 60/40 4 1/2 GEL						Float Shoe									
	Circ CNT TO PIT						Latch Down									
							SERVICE SUP 1EA									
							LMV 45									
	THANK YOU						Pumptrk Charge PTA									
	PLEASE CALL AGAIN						Mileage 90									
	TODD NOTE JACKSON															
Signature							T. Brady									Tax
																Discount
																Total Charge



# INVOICE

DATE May 22, 2023  
 INVOICE # 2322

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

Bill To: EDISON OPERATING

Lease Name Myers  
 Well Number A-4  
 County Comanche  
 State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	<b>05/05/23 Work Ticket #30538</b>		
1.0	Rig #30 Operator & 2 men	300.00	300.00
1.0	Fuel Charge	20.00	20.00
	<b>05/08/23 Work Ticket #30539</b>		
10.0	Rig #30 Operator & 2 men	300.00	3,000.00
1.0	Fuel Charge	200.00	200.00
	<b>05/09/23 Work Ticket #30540</b>		
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
	<b>05/10/23 Work Ticket #30541</b>		
8.0	Rig #30 Operator & 2 men	300.00	2,400.00
1.0	Fuel Charge	160.00	160.00
	<b>05/12/23 Work Ticket #30542</b>		
4.0	Rig #30 Operator & 2 men	300.00	1,200.00
1.0	Fuel Charge	80.00	80.00
	<b>05/09/23 Work Ticket #199</b>		
1.0	Service Man for Plugging Operation	750.00	750.00
1.0	Casing Equipment	800.00	800.00
140.0	Mileage	1.50	210.00
SUBTOTAL			13,060.00
TAX RATE			6.50%
SALES TAX			848.90
<b>TOTAL</b>			<b>\$ 13,908.90</b>

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

# ALLIANCE

## WELL SERVICE, INC.

No 30538

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

WORK TICKET  
 NEW WELL   
 OLD WELL   
 RIG # 20

DATE 5-5-23  
 COMPLETE   
 INCOMPLETE

JOB TYPE P/A  
 LEASE ~~Myers~~ Myers WELL # A-1  
 SEC \_\_\_\_\_ TWP \_\_\_\_\_ ANG \_\_\_\_\_  
 COUNTY Comanche STATE Ks

COMPANY Edison  
 ADDRESS \_\_\_\_\_  
 CITY / STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Jack Gross</u>	<u>1</u>		<u>2</u>	<u>1</u>
DERRICK HAND	<u>Jeffrey Shultz</u>	<u>1</u>		<u>2</u>	<u>1</u>
FLOOR HAND	<u>Jimmy Rows</u>	<u>1</u>		<u>2</u>	<u>1</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, spot in shutdown go home

N.E. Blow 2 times on way to location wait on service truck  
replace tires

Double Drum Rig w/2 Men	<u>1</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>300</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>20</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
x					Total	
Company Representative					Date	<b>TOTAL</b>

# ALLIANCE

## WELL SERVICE, INC.

No 30539

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 5-8-23

COMPLETE

INCOMPLETE

JOB TYPE P/A

LEASE Meyers

WELL # A-4

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

RNG \_\_\_\_\_

COMPANY Edison

ADDRESS \_\_\_\_\_

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

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

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>
DERRICK HAND	<u>Jeffrey Shulte</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
<u>55</u>	<u>x 7/8, x 4 x 3/4</u>	RODS		
<u>61</u>	<u>x 5/8</u>	RODS		
		PONY RODS		
<u>1</u>	<u>1 1/4" x 16'</u>	POLISHED RODS		
<u>1</u>	<u>2" x 3/4" x 1 1/4" x 18' RWB</u>	PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

To location, rig up, unseat & P.O.O. H w/ rods, rig up the Eqmnt, Anchor didn't want to release, put tongs on the, got T.A.C. to release lay down skid row 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 30540

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 5-9-23

COMPLETE

INCOMPLETE

COMPANY Edison

ADDRESS \_\_\_\_\_

CITY / STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

JOB TYPE P/A

LEASE Meyers WELL # A-4

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

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>
DERRICK HAND	<u>Jeffrey Shultz</u>	<u>12</u>			<u>12</u>
FLOOR HAND	<u>Liming Rouse</u>	<u>12</u>			<u>12</u>

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
	<u>160 x 2 3/8</u>	TUBING		
		PUPS		
	<u>1 110' x 2 3/8"</u>	SN / BBL		
	<u>1 2 3/8" x 4 1/2" T.A.C.</u>	ANCHOR / PACKER		
	<u>1 Mud Anchor</u>	OTHER		

DESCRIPTION OF WORK BEING PERFORMED

To location, lay down tbg, run wire line, set C.I.B.P w/ 2 SXCC, hook up water truck, csng didn't load, run csng eqmnt, get csng out of slips work stretch for 16 hrs, set 2nd C.I.B.P, load csng, shoot csng off, run wire line lay down 20 jts, 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>tbg tngs x1</u>						Total <u>100</u>
Misc <u>Fuel Charge</u>						Total <u>240</u>
Misc						Total
Misc						Total
Misc						Total
Misc						Total
Misc						Total
x _____						Total
Company Representative		Date				<b>TOTAL</b>



# ALLIANCE WELL SERVICE, INC.

No 30541

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 5-10-23

COMPLETE

INCOMPLETE

JOB TYPE PIA

COMPANY Edison

LEASE \_\_\_\_\_ WELL # \_\_\_\_\_

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>8</u>			<u>8</u>
DERRICK HAND	<u>Jeffrey Shulte</u>	<u>8</u>			<u>8</u>
FLOOR HAND	<u>Jimmy Cause</u>	<u>8</u>			<u>8</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, finish laying down casing, r.d. casing equipment, r.w. tubing equipment  
T.H.W. 33 jts, secure well, shut down, drive home

Double Drum Rig w/2 Men	<u>8</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>2400</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>160.00</u>
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	
Misc						Total	
x						Total	
Company Representative		Date				<b>TOTAL</b>	

# ALLIANCE WELL SERVICE, INC.

No 30542

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 5-10-23

COMPLETE

INCOMPLETE

COMPANY Edison

JOB TYPE P/A

LEASE Meyers

WELL # A-4

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>4</u>			<u>4</u>
DERRICK HAND	<u>Jeffrey Shultz</u>	<u>4</u>			<u>4</u>
FLOOR HAND	<u>M.M. Poise</u>	<u>4</u>			<u>4</u>

JTS	PULLED	WELL EQUIPMENT	JTS	RRN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

To location, run Cement pump 1st plug @ 1050', pull 6 jts pump and plug @ 660'  
pull 22 jts pump 3rd plug, pull last 2 jts Circulate cement to surface.  
Clean up rd. cement, R.D.M.A.

Double Drum Rig w/2 Men 4 Hrs @ 300 Per Hour

Total 1200

Travel Time \_\_\_\_\_ Hrs @ \_\_\_\_\_ Per Hour

Total \_\_\_\_\_

Swab Cups No. \_\_\_\_\_ Size \_\_\_\_\_ Type \_\_\_\_\_ Per Each \_\_\_\_\_

Total \_\_\_\_\_

Swab Cups No. \_\_\_\_\_ Size \_\_\_\_\_ Type \_\_\_\_\_ Per Each \_\_\_\_\_

Total \_\_\_\_\_

Misc Fuel Charge

Total 80

Misc \_\_\_\_\_ Total \_\_\_\_\_

Misc \_\_\_\_\_ Total \_\_\_\_\_

Misc \_\_\_\_\_ Total \_\_\_\_\_

Misc \_\_\_\_\_ Total \_\_\_\_\_

Misc \_\_\_\_\_ Total \_\_\_\_\_

Misc \_\_\_\_\_ Total \_\_\_\_\_

Misc \_\_\_\_\_ Total \_\_\_\_\_

x \_\_\_\_\_ Date \_\_\_\_\_

TOTAL \_\_\_\_\_

