

**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.

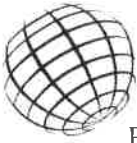
Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

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 #
5/15 2023	8640

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

Job Info
Myers A #3 Comanche County, KS Sec 10-31S-18W Field Ticket #7912

P.O. No.	Terms
	Net 30

Quantity	Description	Amount
1	Service Charge	500.00
2	Set Solid Bridge Plug 4-1/2 @ 4920' & 2360'	2,920.00
1	Dump Bailer w/sack of cement	300.00
2	Cut Casing @ 2330 & 2140	2,700.00
	Total Charges for Service	6,420.00
	Cased Hole - Discount	-963.00

Please remit to above address.	<b>Total</b>	<b>\$5,457.00</b>
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# Quality Well Service, Inc.

**PO Box 468  
Pratt, KS 67124**

# Invoice

Date	Invoice #
5/17/2023	C-3231

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

P.O. No.	Terms	Lease Name
		Myers A-3

Description	Qty	Rate	Amount
Common	90	16.75	1,507.50T
Poz	60	9.50	570.00T
Gel	1,215	0.22	267.30T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	162	2.10	340.20T
.10 * sacks * miles	7,290	0.10	729.00T
Service Supervisor	1	350.00	350.00T
LMV	45	4.50	202.50T
Heavy Equipment Mileage	90	9.50	855.00T
Customer Discount		-1,184.30	-1,184.30
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Myers A-3 Comanche Co.			

*9080*

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	<b>Subtotal</b>	\$4,737.20
	<b>Sales Tax (6.5%)</b>	\$307.92
	<b>Total</b>	\$5,045.12

# QUALITY WELL SERVICE, INC.

8290

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	5-16-23	Sec.	10	Twp.	31S	Range	18W	County	Comanche	State	Ks	On Location		Finish	
Lease	MYERS		Well No.	A-3		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.		Charge To Edison OPERATING CO LLC										
Csg.	4 1/2		Depth		Street										
Tbg. Size	2 3/8		Depth		City										
Tool			Depth		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 160SC 60/40 4 1/2 GEL										
<b>EQUIPMENT</b>										7 SC GEL on side USED 150SC					
Pumptrk	9	No.								Common	90 SC				
Bulktrk	17	No.								Poz. Mix	60 SC				
Bulktrk		No.								Gel.	1215 lb				
Pickup		No.								Calcium					
<b>JOB SERVICES &amp; REMARKS</b>										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 1055										Sand					
7 SC GEL										Handling 102					
50 SC 60/40 4 1/2 GEL										Mileage 45 / 7290					
Disp										<b>FLOAT EQUIPMENT</b>					
2nd Plug 550										Guide Shoe					
50 SC 60/40 4 1/2 GEL										Centralizer					
Disp										Baskets					
3rd Plug 60										AFU Inserts					
50 SC 60/40 4 1/2 GEL										Float Shoe					
Circ CMP TO VE										Latch Down					
										SERVICE SUP 1 EA					
										LMV 45					
										Pumptrk Charge PTA					
THANK YOU										Mileage 90					
PLEASE CALL AGAIN															
DOD JACKOW WATE															
Signature										Tax Discount Total Charge					



# INVOICE

DATE May 22, 2023  
 INVOICE # 2323

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-3  
 County Comanche  
 State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	<b>05/12/23 Work Ticket #30543</b>		
2.0	Rig #30 Operator & 2 men	300.00	600.00
1.0	Fuel Charge	40.00	40.00
	<b>05/15/23 Work Ticket #30544</b>		
11.0	Rig #30 Operator & 2 men	300.00	3,300.00
1.0	Fuel Charge	220.00	220.00
	<b>05/16/23 Work Ticket #30545</b>		
4.0	Rig #30 Operator & 2 men	300.00	1,200.00
1.0	Fuel Charge	80.00	80.00
	<b>05/15/23 Work Ticket #198</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
		<b>SUBTOTAL</b>	7,200.00
		<b>TAX RATE</b>	6.50%
		<b>SALES TAX</b>	468.00
		<b>TOTAL</b>	\$ 7,668.00

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

# ALLIANCE WELL SERVICE, INC.

No 30543

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 5-12-23

COMPLETE

INCOMPLETE

COMPANY Edison

JOB TYPE PIA

LEASE Meyers Myers

WELL # A-3

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>2</u>
DERRICK HAND	<u>Jeffrey Shultz</u>	<u>2</u>			<u>2</u>
FLOOR HAND	<u>Jimmy Rouse</u>	<u>2</u>			<u>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 w/ rig spot in, shut down, drive home

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

Total 600

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 40

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

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

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

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

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

x \_\_\_\_\_ Total \_\_\_\_\_

Company Representative \_\_\_\_\_

Date \_\_\_\_\_

**TOTAL** \_\_\_\_\_

# ALLIANCE WELL SERVICE, INC.

No 30544

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 5-15-23

COMPLETE

INCOMPLETE

JOB TYPE P/A

LEASE Meyers

WELL # A-3

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>11</u>			<u>11</u>
DERRICK HAND	<u>Jeffrey Shultz</u>	<u>11</u>			<u>11</u>
FLOOR HAND	<u>Jimmy Rouse</u>	<u>11</u>			<u>11</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.u. r.u. wireline, set C.I.B.P.w/Dsx ec, hook up water truck, Casing wouldn't load, r.u. Casing Egmont, pull casing out of slips, work stretch for 1/2 hrs, ~~set and~~ set and C.I.B.P. load casing, shoot casing off, lay down casing Rd. casing Egmont, r.u. Htg Egmont, Tilted/Slits, Secure well, Shut down drive home

Double Drum Rig w/2 Men	<u>1</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>3300</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>Facel Change</u>				Total	<u>220</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
x					Total	
Company Representative		Date			<b>TOTAL</b>	

# ALLIANCE

## WELL SERVICE, INC.

No 30545

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 P/A

LEASE Meuser's

WELL # A-2

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>Josh Gross</u>	<u>4</u>			<u>4</u>
DERRICK HAND	<u>Jeffrey Shulte</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, c/w Cement pump 1<sup>st</sup> plug @ 1040', pull 16jts pump 1<sup>st</sup> plug @ 570'  
pull 16jts, pump 3<sup>rd</sup> plug, pull last 2jts circ to surface, Clean up Rd. cement  
R.I.D., 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 Change</u>				Total	<u>80</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
x					Total	
Company Representative _____ Date _____					<b>TOTAL</b>	





**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: 5-15-23  
 SHIPPED FROM: (DISTRICT) Meade

SOLD TO: Edison Operating  
 SHIP TO: Meade  
 WELL NO. 3  
 FIELD: Meade  
 COUNTY: Lincoln  
 LEASE: Meade  
 STATE: KS

ITEM	QUANTITY	COMMODITY NO.	DESCRIPTION	UNIT CONTROL CODE	DISC.	NET AMOUNT
01	1	-	Service man charge to coordinate & oversee plugging operations, set CIBP @ 4922' & dump bag 1 25x cont on plog, casing did not test, set CIBP @ 2360', cut casing @ 2140', lay down 4 1/2" RHH w/ tubing to 1056' & pump 10 5x set & 50 5x 60/40 por 4% & pull to 548' & pump w/ 30 5x 60/40 por 4% & checkers	750	0	750.00
02	1	-	4 1/2" casing tools, slips, elevators & lay down equip	800	0	800.00
03	140	-	mileage see mileage	150	0	210.00

TAX  $\rightarrow$

Checked By: [Signature]  
 Coded By: [Signature]

**TOTAL  $\rightarrow$**

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 OR CONTRACTOR:  [Signature]

(NAME IN FULL)