

**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 #
5/17 2023	8646

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

<b>Job Info</b>
Emerick C #3 Comanche County, KS Field Ticket #7952

P.O. No.	Terms
	Net 30

Quantity	Description	Amount
	Service Charge	500.00
	Set Solid Bridge Plug 5 1/2 - each @ 5016	1,680.00
	Dump Bailer w/sack of cement	300.00
	Casing Cutter @ 3980'	1,350.00
	Total Charges for Service	3,830.00
	Cased Hole - Discount	-574.50

Please remit to above address.

<b>Total</b>	<b>\$3,255.50</b>
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**Quality Well Service, Inc.**

**PO Box 468  
Pratt, KS 67124**

**Invoice**

Date	Invoice #
5/23/2023	C-3233

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

P.O. No.	Terms	Lease Name
		Emerick C-3

Description	Qty	Rate	Amount
Common	78	16.75	1,306.50T
Poz	52	9.50	494.00T
Gel	1,150	0.22	253.00T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	142	2.10	298.20T
.10 * sacks * miles	7,100	0.10	710.00T
Service Supervisor	1	500.00	500.00T
LMV	50	4.50	225.00T
Heavy Equipment Mileage	100	9.50	950.00T
Customer Discount		-875.51	-875.51
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Emerick C-3 Comanche Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	<b>Subtotal</b>	\$4,961.19
	<b>Sales Tax (6.5%)</b>	\$322.48
	<b>Total</b>	\$5,283.67

# QUALITY WELL SERVICE, INC.

8292

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
5-22-23	24	31S	13W	COMANCHE	Ks		
Lease	EMERICK		Well No.	C-3			
Location							
Contractor				Alliance Well Service			
Type Job				Owner			
PTA				To Quality Well Service, Inc.			
Hole Size				You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
7 7/8				T.D.			
Csg.				Charge To			
5 1/2				Edison OPERATING Co LLC			
Tbg. Size				Street			
7 3/8				Depth			
Tool				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 160sc 60/40 4 1/2 GEL			
<b>EQUIPMENT</b>				7 1/2 GEL on side USED 130sc			
Pumptrk	No.			Common	73sc		
Bulktrk	No.			Poz. Mix	52sc		
Bulktrk	No.			Gel.	1150 lbs		
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 110'				Sand			
7 1/2 GEL				Handling 142			
50sc 60/40 4 1/2 GEL				Mileage 50 / 7100			
DISP				<b>FLOAT EQUIPMENT</b>			
2nd Plug 550'				Guide Shoe			
50sc 60/40 4 1/2 GEL				Centralizer			
DISP				Baskets			
				AFU Inserts			
3rd Plug 60'				Float Shoe			
30sc 60/40 4 1/2 GEL				Latch Down			
PIRC CMF TO DET				SERVICE SPR 1EA			
PTO 1A				LIM 50'			
TOP OFF				Pumptrk Charge PTA			
				Mileage 100			
THANK YOU PLEASE CALL AGAIN TODD NATE JACKSON				Tax			
				Discount			
				Total Charge			
Signature							



# INVOICE

DATE May 22, 2023  
 INVOICE # 2324

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

Bill To: EDISON OPERATING

Lease Name Emerick  
 Well Number C-3  
 County Comanche  
 State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	<b>05/16/23 Work Ticket #30546</b>		
4.0	Rig #30 Operator & 2 men	300.00	1,200.00
1.0	Fuel Charge	80.00	80.00
	<b>05/17/23 Work Ticket #30547</b>		
11.0	Rig #30 Operator & 2 men	300.00	3,300.00
1.0	Fuel Charge	220.00	220.00
	<b>05/18/23 Work Ticket #30548</b>		
9.0	Rig #30 Operator & 2 men	300.00	2,700.00
1.0	Fuel Charge	180.00	180.00
	<b>05/22/23 Work Ticket #29641</b>		
5.0	Rig #30 Operator & 2 men	300.00	1,500.00
1.0	Fuel Charge	100.00	100.00
	<b>05/17/23 Work Ticket #197</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			11,040.00
TAX RATE			6.50%
SALES TAX			717.60
TOTAL			\$ 11,757.60

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

# ALLIANCE WELL SERVICE, INC.

No 30546

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 5-16-03

COMPLETE

INCOMPLETE

COMPANY Edison

JOB TYPE PIA

LEASE Emerick

WELL # C-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>4</u>		<u>4</u>	
DERRICK HAND	<u>Jeffrey Skulte</u>	<u>4</u>		<u>4</u>	
FLOOR HAND	<u>Jimmy Rouse</u>	<u>4</u>		<u>4</u>	

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

DESCRIPTION OF WORK BEING PERFORMED

To location w/dig S.I.R.U., dig up braden head, get top nut knocked free, secure well shut down, dig home

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	
Misc						Total	
x						Total	

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

Date \_\_\_\_\_

TOTAL \_\_\_\_\_

# ALLIANCE WELL SERVICE, INC.

No 30547

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 5-17-23

COMPLETE

INCOMPLETE

COMPANY Edison

JOB TYPE P/A

LEASE Emerick

WELL # C-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>11</u>			<u>11</u>
DERRICK HAND	<u>Jeffrey Shultz</u>	<u>11</u>			<u>11</u>
FLOOR HAND	<u>Jimmy Cause</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, run wire line, set C.I.B.P w/ 2x CC, load casing, pull casing out of slips, work pipe, shoot pipe off, rd wire line, start laying down casing lay down 65 jts, secure well, shut down, drive home

Double Drum Rig w/2 Men	<u>11</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>Fuel Charge</u>					Total	<u>220</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	

x \_\_\_\_\_  
Company Representative Date

**TOTAL** \_\_\_\_\_  
Taylor Printing, Inc • 620-672-3656

# ALLIANCE WELL SERVICE, INC.

No 30548

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 5-18-23

COMPLETE

INCOMPLETE

COMPANY Edison

JOB TYPE P/A  
LEASE Emecick WELL # C-3

ADDRESS \_\_\_\_\_

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

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

COUNTY Comanche STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</u>	<u>9</u>			<u>9</u>
DERRICK HAND	<u>Jeffrey Shulte</u>	<u>9</u>			<u>9</u>
FLOOR HAND	<u>Jimmy Kase</u>	<u>9</u>			<u>9</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, rd. casing Egmmnt, C.U. + by Egmmnt  
Tilt w/ joints, secure well, shut down idler home.

Double Drum Rig w/2 Men	<u>9</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>2700</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>180</u>
Misc				Total		
Misc				Total		
Misc				Total		
Misc				Total		
Misc				Total		
Misc				Total		
					<b>TOTAL</b>	

x \_\_\_\_\_  
Company Representative Date



# ALLIANCE WELL SERVICE, INC.

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

No 29641

WORK TICKET

NEW WELL

OLD WELL

RIG # 30

DATE 5-22-23

COMPLETE

INCOMPLETE

COMPANY Edison

JOB TYPE P/A

LEASE Emerick

WELL # A-C-3

ADDRESS \_\_\_\_\_

SEC \_\_\_\_\_

TWP \_\_\_\_\_

RNG \_\_\_\_\_

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>
DEARRICK HAND	<u>Jeffrey Shultz</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, cu. Cement, pump 7" plug @ 1110', pump 2" plug @ 550', 3" plug @ 60', Circulate to surface, add cement, R.D.M.C. Take rig to shop, 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	
Misc						Total	
					<b>TOTAL</b>		

x \_\_\_\_\_  
Company Representative Date

