

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 #
10/17/2023	9004

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

Job Info
Adams #1-30 Meade County, KS Field Ticket #8162

P.O. No.	Terms
	Net 30

Quantity	Description	Amount
1	Service Charge	500.00
1	Set Solid Bridge Plug 4-1/2	1,460.00
2	Jet Cutter	2,700.00
	One @ 3400'	
	Second @ 1885'	
1	Dump Bailer w/sack of cement	300.00
	Total Charges for Service	4,960.00
	Cased Hole - Discount	-744.00

Please remit to above address.	Total	\$4,216.00
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Quasar Energy Services, Inc.
 3288 FM 51
 Gainesville, TX 76240

Invoice

Date	Invoice #
10/23/2023	153204

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

TBD

Description	Quantity	Rate	Amount
Mileage-Pickup	40	5.58	223.20
Mileage-Equipment Mileage	80	8.72	697.60
Pumping Service Charge -2	1	3,307.50	3,307.50
Cement-Lite-A(LB)	126	21.54	2,714.04
C-41L Defoamer Liquid	2	48.63	97.26
Gel (Bentonite)	500	0.36	180.00
Subtotal			7,219.60
Discount - 10%		-10.00%	-721.96

ADAMS 1-30

Total	\$6,497.64
Payments/Credits	\$0.00
Balance Due	\$6,497.64

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.

QUASAR ENERGY SERVICES, INC.



www.quasarenergyservices.com

3288 FM 51
Gainesville, Texas 76240

Office: 940-612-3336

Fax: 940-612-3336 | qesi@qeserve.com



FRACTURING | ACID | CEMENT | NITROGEN

BID #: 7810 **AFE#/PO#:** _____

TYPE / PURPOSE OF JOB: PTA **SERVICE POINT:** Liberal, KS

CUSTOMER: EDISON OPERATING **WELL NAME:** TBD

ADDRESS: _____ **LOCATION:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** SEWARD **STATE:** KS

DATE OF SALE: 10/18/2023 **Perforations:** _____ to _____

QTY.	CODE	YD	UNIT	PUMPING AND EQUIPMENT USED	UNIT PRICE	AMOUNT
40	1000	0	Mile	Mileage - Pickup - Per Mile	\$5.58	\$ 223.20
80	1010	0	Mile	Mileage - Equipment Mileage - Per Mile	\$8.72	\$ 697.60
1	5623	0	Per Well	Pumping Service Charge -2	\$3,307.50	\$ 3,307.50

Subtotal for Pumping & Equipment Charges \$ 4,228.30

QTY.	CODE	YD	UNIT	MATERIALS	UNIT PRICE	AMOUNT
126	5638	0	Per Sack	Cement - Lite - A (LB)	\$21.54	\$ 2,714.04
2	5751	0	Per Gal.	C-41L Defoamer Liquid	\$48.63	\$ 97.26
500	5840	0	Per Lb.	Gel (Bentinite)	\$0.36	\$ 180.00

MANHOURS: 7 # WORKERS: 3 Subtotal for Material Charges \$ 2,991.30

WORKERS			TOTAL	\$	7,219.60
JESSE PAXTON			DISCOUNT: 10%	DISCOUNT	\$ 721.96
DANNY MCLANE					
JOSE MARTINEZ					
			DISCOUNTED TOTAL	\$	6,497.64

STAMPS & NOTES:

As of 9/22/15 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 full price.

CUSTOMER SIGNATURE & DATE
 Date: _____
 Signature: _____

Print Name: _____

*All accounts are past due net 30 days following the date of invoice. A finance charge of 1-1/2% per month or 18% annual percentage rate will be charged on all past due accounts.



QUASAR ENERGY SERVICES, INC.

3288 FM 51
 Gainesville, Texas 76240
 Office: 940-612-3336

Fax: 940-612-3336 | qesi@qeserve.com

Form 185-2N.2

10/18/23

CEMENTING JOB LOG

CEMENTING JOB LOG

Company: EDISON OPERATING **Well Name:** TBD
Type Job: PTA **AFE #:**

CASING DATA

Size: 8 5/8 **Grade:** J-55 **Weight:** 32

Casing Depths Top: 0 Bottom: 0

Drill Pipe: **Size:** 0 **Weight:** 0

Tubing: **Size:** 2 7/8 **Weight:** 0 **Grade:** 0 **TD (ft):** 0

Open Hole: **Size:** 0 **T.D. (ft):** 0

Perforations **From (ft):** 0 **To:** 0 **Packer Depth(ft):** 0

CEMENT DATA

Spacer Type: _____

Amt.	Sks Yield	ft ³ /sk	Density (PPG)
LEAD:			Excess
Amt.	Sks Yield	ft ³ /sk	Density (PPG)
TAIL:	A 60/40/4		Excess
Amt. 126	Sks Yield 1.5	ft ³ /sk 189	Density (PPG) 13.51

WATER: _____ **FRESH**

Lead: _____ **gals/sk:** _____ **Tail:** 22 **gals/sk:** 7.5 **Total (bbls):** 22

Pump Trucks Used: _____ **DP 11**

Bulk Equipment: _____ **660-21**

Disp. Fluid Type: FRESH **Amt. (Bbls.)** 7.5 **Weight (PPG):** 8.33

Mud Type: _____ **Weight (PPG):** _____

COMPANY REPRESENTATIVE: _____

CEMENTER: JESSE PAXTON

TIME AM/PM	PRESSURES PSI			FLUID PUMPED DATA		REMARKS
	Casing	Tubing	ANNULUS	TOTAL	RATE	
1130						ON LOCATION/ RIG UP
1244		80		30	4	PUMP 30BBL GEL
1252		0		13.3	4	PUMP 50SX @ 1472'
1303		0		6.5	3	DISPLACE
1330		100		19	4	CIRC WATER W/19BBL
1338		0		13.3	3	PUMP 50SX @550'
1345		0		1	1	DISPLACE W/ 1BBL
1405		0		7		TOP OFF W/ 26 SX
1410						WASH UP JOB COMPLETE THANK YOU!!



INVOICE

DATE October 26, 2023
 INVOICE # 2395

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

Bill To: EDISON OPERATING COMPANY LLC

Lease Name ADAMS
 Well Number 1-30
 County Meade
 State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	10/16/23 Work Ticket #6080		
2.0	Rig #30 Operator & 2 men	300.00	600.00
2.0	5% Discount	(15.00)	(30.00)
3.0	Crew Per Diem	200.00	600.00
1.0	Fuel Charge	40.00	40.00
	10/17/23 Work Ticket #6081		
12.0	Rig #30 Operator & 2 men	300.00	3,600.00
12.0	5% Discount	(15.00)	(180.00)
3.0	Crew Per Diem	200.00	600.00
1.0	Fuel Charge	240.00	240.00
	10/18/23 Work Ticket #6082		
9.0	Rig #30 Operator & 2 men	300.00	2,700.00
9.0	5% Discount	(15.00)	(135.00)
1.0	Fuel Charge	180.00	180.00
	10/16/23 Work Ticket #210		
1.0	Service Man for Plugging Operation	750.00	750.00
100.0	Mileage (10-18-23)	1.50	150.00
1.0	Casing Equipment	800.00	800.00
20.0	Top off with 20sx portland	30.00	600.00
100.0	Mileage (10-23-23)	1.50	150.00
		SUBTOTAL	10,665.00
		TAX RATE	7.50%
		SALES TAX	799.88
		TOTAL	\$ 11,464.88

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



No 6080

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 10-16-03

COMPANY Edison Operating JOB TYPE PIA COMPLETE
LEASE Adams WELL # 1-30 INCOMPLETE
ADDRESS _____ SEC _____ TWP _____ ANG _____
CITY / STATE _____ ZIP CODE _____ COUNTY meade STATE Ks

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</u>	<u>2</u>			<u>2</u>
DERRICK HAND	<u>Jeffrey Shultz</u>	<u>2</u>			<u>2</u>
FLOOR HAND	<u>Jimmy Pouse</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

on way to location rig got stuck, wait on Dozer for wasn't able to get one, Sid drive to hotel

Double Drum Rig w/2 Men	<u>2</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>600</u>
Travel Time		Hrs @		Per Hour	Total	
Swab Cups No.		Size		Type	Per Each	Total
Misc					Per Each	Total
Misc	<u>per diem x 3</u>					Total
Misc	<u>Fuel Charge</u>					Total
Misc						Total
Misc						Total
Misc						Total
Misc						Total
Misc						Total
x _____						TOTAL

Company Representative _____ Date _____



No 6081

WORK TICKET

NEW WELL

OLD WELL

RIG # 30

DATE 10-17-23

COMPLETE

INCOMPLETE

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

COMPANY Edison Operating

JOB TYPE PIA

LEASE Adams

WELL # 1-30

ADDRESS _____

SEC _____

TWP _____

RNG _____

CITY / STATE _____

ZIP CODE _____

COUNTY Meade

STATE Ks

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Josh Gross</u>	<u>12</u>			<u>12</u>
DEARRICK HAND	<u>Jeffrey Shulte</u>	<u>12</u>			<u>12</u>
FLOOR HAND	<u>Jimmy Rouse</u>	<u>12</u>			<u>12</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 rig, get catted out, To location, S.I.R.U., dig up valve & swedge. Blow down well, C.U. Loggers, set C.I.B.P. @ 125xCC, R.G. CSNG Egmnt, pull CSNG out of slips work CSNG, shoot CSNG @ 2400' didn't cut CSNG work CSNG again, shoot 2nd shot @ 1845' got CSNG cut, r.d. Loggers, lay down runners, S.P.D.T.H.

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>Per Diem x 3</u>				Total	<u>600</u>
Misc	<u>Fuel Charge</u>				Total	<u>240</u>
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
x					Total	
Company Representative		Date			TOTAL	



No 6082

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 10-18-03

COMPLETE

INCOMPLETE

COMPANY Edison Operating

JOB TYPE PIA

LEASE Adams

WELL # 1-30

ADDRESS _____

SEC _____

TWP _____

RNG _____

CITY / STATE _____

ZIP CODE _____

COUNTY Merick

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 Shultz</u>	<u>9</u>			<u>9</u>
FLOOR HAND	<u>Jimmy Bause</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, lay down csng, c.d csng. Eqmnt, c.w the Eqmnt, T.1.4 w/ 46jts, wait on cement for 30 mins, pump 1st plug @ 1492', pull 29jts pump 2nd plug @ 544', pull 15 jts pump 3rd plug @ 60', Circulate Cement to surface, pull last 2jts, Tap well of w/ cement, c.d. cement, RDMO Take rig to Medicine lodge

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	
x _____	Date _____				Total	
Company Representative					TOTAL	



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

211

NEW WELL
 OLD WELL

DATE ISSUED: 10-18-23

SHIPPED FROM: (DISTRICT) Mesole

S O L D T O		S H I P T O	
Edison Operations		Mesole	
WELL NO. 1-30		FIELD Adgms	
COUNTY Mesole		STATE KS	

ITEM	QUANTITY	COMMODITY NO.	DESCRIPTION	UNIT CONTROL CODE	DISC.	NET AMOUNT
01	1	-	Service man charge to run casing tags & coordinate plotting operations, set CIBP @ 5670' & dump bail 2 sx cut on plug, work on tree to 3600' cut @ 3400' could not pull pipe free, cut @ 1990', lay down 4 1/2", R1H w/ tubing to 1465' pump 10 sx gel & 50 sx 60/40 por 4% pull to 544' & pump 50 sx 60/40 por 4% pull to 64' & circulate w/ 30 sx 60/40 por 4% Car mileage (10-18-23)	750 00		750 00
02	100	mileage	Car mileage (10-18-23)	1 50		150 00
03	1	Casing equip	4 1/2" casing tags, elevators, slips & laydown equip	800 00		800 00
04	20	cement	top off w/ 20 sx portland	30 00		600 00
05	100	mileage	Car mileage (10-23-23)	1 50		150 00
TAX						

Checked By: 13w	Coded By: 13w	TOTAL
-----------------	---------------	--------------

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: *Berry* *W. H. Hays*

REPRESENTATIVE