

**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

# Quality Wireline Service LLC

**PO Box 468  
Pratt, KS 67124**

# Invoice

Date	Invoice #
11/15/2023	1123

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

P.O. No.	Terms	Lease Name
		UHL A-2

Description	Qty	Rate	Amount
4 1/2" Bridge Plug	1	1,550.00	1,550.00T
Dump Bailer Cement Run	1	750.00	750.00T
4 1/2" Bridge Plug	1	850.00	850.00T
1 X 4 SPF	1	1,250.00	1,250.00T
1 X 4 SPF	1	450.00	450.00T
Truck Charge	1	1,500.00	1,500.00T
Customer Discount		-2,222.50	-2,222.50
Discount expires after 30 days from the date of the invoice.		0.00	0.00
UHL A-2 Comanche Co.			

PLEASE REMIT TO ABOVE COMPANY AND ADDRESS! Thanks for your business!	<b>Subtotal</b>	\$4,127.50
	<b>Sales Tax (6.5%)</b>	\$268.29
	<b>Total</b>	\$4,395.79

# Quality Wireline Services, LLC

Service Order No.  
01022

30060 N. Hwy 281 • P.O. Box 468 • Pratt, Kansas 67124 • 580-231-9329 or 620-727-6964 • Fax 620-672-3663

Date 11-10-23

Company <u>Edison Operating</u>			Client Order #		
Billing Address		City	State	Zip	
Lease & Well # <u>UHL A 2</u>		Field Name		Legal Description (coordinates) <u>11-31-18</u>	
County <u>Comanche</u>	State <u>Ks</u>	Casing Size <u>4.5</u>		Casing Weight	
Fluid Level (surface)		Reading From	Customer T.D.	Quality Wire Line T.D.	
Engineer <u>D. Reed</u>	Operator		Operator	Unit# <u>2</u>	

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	<u>CTBP 4.5</u>	<u>1</u>	<u>1550</u>	<u>0</u>	<u>4870</u>	<u>1550-</u>
	<u>25# cement Dump Taylor</u>	<u>1</u>	<u>750-</u>	<u>0</u>	<u>4870</u>	<u>750-</u>
	<u>CTBP 4.5</u>	<u>1</u>	<u>850</u>	<u>0</u>	<u>1050</u>	<u>850-</u>
	<u>1x4 SPF</u>	<u>1</u>	<u>1250</u>	<u>0</u>	<u>1020</u>	<u>1250-</u>
	<u>1x4 SPF</u>	<u>1</u>	<u>450</u>	<u>0</u>	<u>570</u>	<u>450</u>
	<u>Service charge</u>	<u>1</u>	<u>1500</u>			<u>1500</u>

SUBTOTAL	<u>6350-</u>
DISCOUNT	<u>2222.50</u>
SUBTOTAL	<u>4127.50</u>
TAX	<u>348.29</u>
NET TOTAL	<u>4475.79</u>

Customer \_\_\_\_\_

**Quality Well Service, Inc.**

**PO Box 468  
Pratt, KS 67124**

**Invoice**

Date	Invoice #
11/14/2023	C-3379

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

P.O. No.	Terms	Lease Name
		UHL A-2

Description	Qty	Rate	Amount
Common	135	16.75	2,261.25T
Poz	90	9.50	855.00T
Gel	800	0.22	176.00T
Hulls	2	64.00	128.00T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	243	2.10	510.30T
.10 * sacks * miles	12,000	0.10	1,200.00T
Service Supervisor	1	500.00	500.00T
LMV	50	4.50	225.00T
Heavy Equipment Mileage	100	9.50	950.00T
Customer Discount		-1,976.39	-1,976.39
Discount Expires after 30 days from the date of the invoice		0.00	0.00
UHL A-2 Comanche Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	<b>Subtotal</b>	\$5,929.16
	<b>Sales Tax (6.5%)</b>	\$385.40
	<b>Total</b>	\$6,314.56

# QUALITY WELL SERVICE, INC.

8455

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	11-10-23	Sec.	11	Twp.	31	Range	18	County	Comanche	State	KS	On Location	Finish
Lease	LLHL A	Well No.	2		Location								
Contractor	Allison				Owner								
Type Job	PTH				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					T.D.								
Csg.	4.5				Depth				Charge To Edison Operating				
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 22500 60/40 48 bel.				
<b>EQUIPMENT</b>													
Pumptrk	No.				Common 135								
Bulktrk	No.		10		Poz. Mix 90								
Bulktrk	No.				Gel. 800#								
Pickup	No.				Calcium								
<b>JOB SERVICES &amp; REMARKS</b>													
Rat Hole					Hulls 100#								
Mouse Hole					Salt								
Centralizers					Flowseal								
Baskets					Kol-Seal								
D/V or Port Collar					Mud CLR 48								
1st Tubing 2 1030 pumped 507				CFL-117 or CD110 CAF 38									
60/40 48 bel 100# hulls				Sand									
				Handling 248									
				Mileage 50/12 road									
<b>FLOAT EQUIPMENT</b>													
2nd Hooked up to csg pumped				Guide Shoe									
17500 60/40 48 bel checkmate				Centralizer									
cement to surface				Baskets									
				AFU Inserts									
				Float Shoe									
				Latch Down									
				LMV 50									
				Service Separator									
				Pumptrk Charge PTH									
				Mileage 100									
											Tax		
											Discount		
											Total Charge		
<input checked="" type="checkbox"/> Signature													



# INVOICE

DATE November 24, 2023  
 INVOICE # 2406

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

Bill To: EDISON OPERATING COMPANY LLC

Lease Name UHLA  
 Well Number 2  
 County Comanche  
 State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	<b>11/08/23 Work Ticket #7294</b>		
3.0	Rig #25 Operator & 3 men	300.00	900.00
3.0	5% Discount	(15.00)	(45.00)
1.0	Fuel Charge	60.00	60.00
	<b>11/10/23 Work Ticket #7295</b>		
12.0	Rig #30 Operator & 2 men	300.00	3,600.00
12.0	5% Discount	(15.00)	(180.00)
1.0	Tong Trip	100.00	100.00
1.0	Thread Dope	50.00	50.00
5.0	Gal Wash Gas	4.00	20.00
1.0	Stripping Rubber /Workover Head	300.00	300.00
1.0	Fuel Charge	240.00	240.00
	<b>11/10/23 Work Ticket #214</b>		
1.0	Service Man for Plugging Operation	750.00	750.00
100.0	Mileage	1.50	150.00
		<b>SUBTOTAL</b>	<b>5,945.00</b>
		<b>TAX RATE</b>	<b>6.50%</b>
		<b>SALES TAX</b>	<b>386.43</b>
		<b>TOTAL</b>	<b>\$ 6,331.43</b>

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



No 7294

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

WORK TICKET

NEW WELL

OLD WELL

RIG # 25

DATE 11-8-21

COMPLETE

INCOMPLETE

COMPANY Edison

JOB TYPE plug Job

ADDRESS \_\_\_\_\_

LEASE UHIA

WELL # 2

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

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

SEC \_\_\_\_\_

TWP \_\_\_\_\_

ANG \_\_\_\_\_

COUNTY Lawrence

STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	Salvador				3
DEARRICK HAND	Eclipse				3
FLOOR HAND	Albin				3
	Juan				3

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 with rig set in then dtf

Double Drum Rig w/2 Men	<u>3</u>	Hrs @	<u>300</u>	Per Hour	Total	<u>900</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>				Per Each	Total
Misc					Per Each	Total
Misc					Per Each	Total
Misc					Per Each	Total
Misc					Per Each	Total
Misc					Per Each	Total
Misc					Per Each	Total
x					Per Each	Total
Company Representative		Date				TOTAL



No 7295

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

WORK TICKET  
NEW WELL   
OLD WELL   
RIG # 25 DATE 11-10-2

COMPLETE   
INCOMPLETE

COMPANY Edison JOB TYPE plug Job  
ADDRESS \_\_\_\_\_ LEASE UHLA WELL # 2  
CITY / STATE \_\_\_\_\_ SEC \_\_\_\_\_ TWP \_\_\_\_\_ ANG \_\_\_\_\_  
ZIP CODE \_\_\_\_\_ COUNTY Comanche STATE OK

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	Salvador				12
DEARICK HAND	Felipe				12
FLOOR HAND	Juan				12
	Albino				12

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 safely meeting Rig up and Rig over for Tbg check well pressure light blow put work over head then Rig up loggers went down set plug at 4880 come out put bailer went down with 2 50 lbs cement come out hook up water truck load well went on vacuum pull up loggers went down set plug at 1050 shot pellets at 1020 lay down gun Rig over for Tbg run in 37 JTS down to 1026 put stripping rbr over head then wait on cementers till 1:15 hook truck up put 25 sacks cement pull all 37 JTS out Rig up logger went shot at 570 Rig down loggers then cement to surface on hook cementers clean up Tbg equipment and put away then Rig down drive Rig to yard

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	
Misc <u>Tbg tags x1</u>				Total	<u>10</u>
Misc <u>WOC x1</u>				Total	<u>50</u>
Misc <u>Solvent x5</u>				Total	<u>20</u>
Misc <u>stripping rbr x1</u>				Total	<u>(300)</u>
Misc <u>work over head x1</u>				Total	<u>240</u>
Misc <u>Fuel Charge</u>				Total	
x _____				<b>TOTAL</b>	
Company Representative		Date			





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

DATE ISSUED 11-10-03 SHIPPED FROM: (DISTRICT) Pratt

SOLD TO Edison Operating COMPANY Edison chc COUNTY LEASE UHL A STATE KS WELL NO. 2 FIELD

NEW WELL [ ] OLD WELL [x]

Table with columns: ITEM, QUANTITY, COMMODITY NO., DESCRIPTION, UNIT CONTROL CODE, DISC., NET AMOUNT. Includes handwritten entries for CIBP @ 4880' and CIBP @ 1050'.

TAX

Checked By: [Signature] 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 of contractor.

AGENT OF OWNER OR CONTRACTOR: [Signature]

REPRESENTATIVE [Signature]

Charges are subject to correction in accordance with latest price schedules and the addition of applicable State and Local sales / Use tax if not listed above.



PO Box 200 Greensburg, KS 67054 ~ Phone 6207232495

**Invoice Number: 020391**

Invoice Date: 11/27/2023

Bill To: EDISON OPERATING  
 8100 E 22ND NORTH BUDG 1900  
 % BRIAN MCCOY  
 WICHITA, KS 67226

11/14/23

Customer #	EDIS	PO Number	KIOWA CO	Terms	DUE10TH
Quantity	22947	Description	Unit Price	Amount	
4.00	22947	3500AE CONCRETE	\$138.00CU Y	\$552.00	
23.00		PER YARD MILES	\$3.00each	\$69.00	

*UHL A-2*  
*9080*

Thank you for your business

11/14/23

<b>Subtotal</b>	\$621.00
<b>Freight</b>	\$0.00
<b>Miscellaneous</b>	\$0.00
KS-KW1 / Goods F <b>Sales Tax Amount</b>	\$46.58
<b>Discount</b>	\$0.00
<b>Total</b>	\$667.58
<b>Amount Received</b>	\$0.00
<b>Net Due</b>	\$667.58