

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



HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:
EDISON OPERATING CO LLC
8100 E 22ND ST N
BUILDING 1900
WICHITA, KS 67226

Invoice Date: 12/7/2023
Invoice #: 0373130
Lease Name: Moler
Well #: 2
County: Finney, Ks
Job Number: WP4972
District: Oakley

Date/Description	HRS/QTY	Rate	Total
PTA	0.000	0.000	0.00
H-Plug	192.000	16.000	3,072.00
Hulls	4.000	50.000	200.00
Light Eq Mileage	90.000	2.000	180.00
Heavy Eq Mileage	180.000	4.000	720.00
Ton Mileage	743.000	1.500	1,114.50
Cement Blending & Mixing	192.000	1.400	268.80
Depth Charge 2001'-3000'	1.000	2,000.000	2,000.00
Service Supervisor	1.000	275.000	275.00

Net Invoice	7,830.30
Sales Tax:	490.81
Total	8,321.11

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!

Hurricane Services, Inc.
 250 N. Water St., Suite #200
 Wichita, KS 67202



Customer	EDISON OPERATING	Lease & Well #	MOLER 2	Date	12/7/2023
Service District	OAKLEY,KS	County & State	FINNEY KS	Legals S/T/R	34-24S-31W
Job Type	PTA	<input type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	Job #
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
945	ROGER GASTON	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input checked="" type="checkbox"/> Lockout/Tagout	<input checked="" type="checkbox"/> Warning Signs & Flagging
208	JOSE V	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input checked="" type="checkbox"/> Required Permits	<input checked="" type="checkbox"/> Fall Protection
180-250	JOSE T	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations
538-530	MICHAEL	<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations
947	JOHN POLLEY	<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	
Comments					

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
CP055	H-Plug A	sack	192.00	\$3,072.00
CP165	Colltorseed Hulls	lb	200.00	\$200.00
M015	LIGHT EQUIPMENT	MI	90.00	\$180.00
M010	Heavy Equipment Mileage	mi	180.00	\$720.00
M020	Ton Mileage	tm	743.00	\$1,114.50
C060	Cement Blending & Mixing Service	sack	192.00	\$268.80
D013	Depth Charge: 2001'-3000'	job	1.00	\$2,000.00
R061	Service Supervisor	day	1.00	\$275.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?			Net:	\$7,830.30
Based on this job, how likely is it you would recommend HSI to a colleague? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10			Total Taxable	\$ -
			Tax Rate:	
			Safe Tax:	\$ -
			Total:	\$ 7,830.30
			HSI Representative:	

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



CEMENT TREATMENT REPORT

Customer: EDISON OPERATING	Well: MOLER 2	Ticket: WP 4972
City, State: GARDER CITY,KS	County: FINNEY KS	Date: 12/7/2023
Field Rep: EARL OCHAMPAUGH	S-T-R: 34-24S-31W	Service: PTA

Downhole Information	
Hole Size:	7 7/8 in
Hole Depth:	2700 ft
Casing Size:	4 1/2 in
Casing Depth:	2700 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	0.0 bbls

Calculated Slurry - Lead	
Blend:	H PLUG-H
Weight:	13.8 ppg
Water / Sx:	6.9 gal / sx
Yield:	1.42 ft ³ / sx
Annular Bbls / Ft.:	0.0159 bbs / ft.
Depth:	2700 ft
Annular Volume:	42.9 bbls
Excess:	
Total Slurry:	48.5 bbls
Total Sacks:	192 sx

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	0 sx

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
8:30 AM			-	-	ARRIVE ON LOCATION
8:32 AM				-	RIG UP SAFETY MEETING
9:25 AM	5.0	200.0	45.5	45.5	pump cmt @ 13.8 PPG 45.5 BBL/180 SACKS
9:32 AM	2.0	200.0	2.0	47.5	PUMP CMT 1.5 ON BACKSIDE PSI 200 2 BBL/8 SACKS
9:50 AM	0.5	50.0	1.0	48.5	1.0 BBL/4 SACKS CMT TOP OFF WELL
9:52 AM				48.5	WASHED UP AND RIGGED DOWN
10:20 AM				48.5	DEPARTED LOCATION
				48.5	
				48.5	
				48.5	
				48.5	

Cement Operator:	CREW	UNIT	SUMMARY		
	ROGER GASTON	945	Average Rate	Average Pressure	Total Fluid
	JOSE V	208	2.5 bpm	150 psi	49 bbls
	Bulk #1: JOSE T	180-250			
Bulk #2: MICHAEL	538-530				