

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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 #: 0373132
Lease Name: Ingalls Feed Yard
Well #: 1
County: Finney, Ks
Job Number: WP4975
District: Oakley

Date/Description	HRS/QTY	Rate	Total
PTA	0.000	0.000	0.00
H-Plug	220.000	16.000	3,520.00
Hulls	4.000	50.000	200.00
Light Eq Mileage	2.000	2.000	4.00
Heavy Eq Mileage	4.000	4.000	16.00
Ton Mileage	852.000	1.500	1,278.00
Cement Blending & Mixing	220.000	1.400	308.00
Depth Charge 2001'-3000'	1.000	2,000.000	2,000.00
Service Supervisor	1.000	275.000	275.00

Net Invoice	7,601.00
Sales Tax:	456.50
Total	8,057.50

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!



Customer	EDISON OPERATING		Lease & Well #	INGALLS FEED YARD #1		Date	12/7/2023		
Service District	OAKLEY,KS		County & State	FINNEY,KS		Legals S/T/R	23-24S-31W		
Job Type	PTA	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> No	Job #	
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures							Ticket #
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 T	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input checked="" type="checkbox"/> Required Permits	<input checked="" type="checkbox"/> Fall Protection				
538-530	MICHEAL	<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				
180-250	JOSE V	<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	220.00	\$3,520.00
CP165	Cottonseed Hulls	lb	200.00	\$200.00
MD15	Light Equipment Mileage	mi	2.00	\$4.00
MD10	Heavy Equipment Mileage	mi	4.00	\$16.00
MD20	Ton Mileage	tn	852.00	\$1,278.00
C060	Cement Blending & Mixing Service	sack	220.00	\$308.00
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:	\$7,601.00
Based on this job, how likely is it you would recommend HSI to a colleague?		Total Taxable	\$ -
<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		Tax Rate:	
##### 1 2 3 4 5 6 7 8 9 10 (up/down)		Sale Tax:	\$ -
		Total:	\$ 7,601.00
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 1/4% 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:	INGALLS FEED YARD #1	Ticket:	WP 4975
City, State:	GARDEN CITY, KS	County:	FINNEY, KS	Date:	12/7/2023
Field Rep:	EARL OCHAMPAUGH	S-T-R:	23-24S-31W	Service:	PTA

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	7 7/8 in	Blend:	H-PLUG A	Blend:	
Hole Depth:	2760 ft	Weight:	13.8 ppg	Weight:	ppg
Casing Size:	4 1/2 in	Water / Sx:	6.9 gal / sx	Water / Sx:	gal / sx
Casing Depth:	ft	Yield:	1.42 ft ³ / sx	Yield:	ft ³ / sx
Tubing / Liner:	in	Annular Bbls / Ft.:	0.0159 bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	ft	Depth:	2760 ft	Depth:	ft
Tool / Packer:		Annular Volume:	55.6 bbls	Annular Volume:	0 bbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	0.0 bbls	Total Slurry:	55.6 bbls	Total Slurry:	0.0 bbls
		Total Sacks:	220 sx	Total Sacks:	0 sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
12:15 PM					ARRIVE ON LOCATION
12:17 PM					RIG UP SAFETY MEETING
1:00 PM	5.0	180.0	44.2	44.2	PUMP CMT @13.8PPG 44.2 BBL/175 SACKS
1:17 PM	2.0	250.0	11.3	55.5	PUMP CMT @13.8PPG 11.3 BBLs/45 SACKS ON BACKSIDE PRESSURE UP 250
1:21 PM				55.5	WASH UP
1:30 PM				55.5	RIG DOWN
2:00 PM				55.5	DEPART LOCATION
				55.5	
				55.5	
				55.5	
				55.5	

CREW		UNIT		SUMMARY		
Cementer:	ROGER GASTON		945	Average Rate	Average Pressure	Total Fluid
Pump Operator:	JOSE T		208	3.5 bpm	215 psi	56 bbls
Bulk #1:	MICHEAL		538-530			
Bulk #2:	JOSE V		180-250			