

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



**COMANCHE
WELL
SERVICE, LLC**

8100 E 22ND N BLDG 1900: WICHITA, KANSAS 67226

TICKET # 822

COMPANY Edison Operating **DATE** 3/1/24 (Friday)

LEASE NAME: MOLER **WELL#** SWD

NOTES/JOB TYPE:

Pick up crew, drove crew to location, held pre job safety meeting, change clothes, warmed equipment, Rig up pulling unit, drilled holes & set temporary anchors, secured equipment, Rig up for tubing, nipple up tubing well head, trip in the hole w/ 41 joints of 2-3/8" tubing, set end of tubing@1264', Rig up HIS, pumped 230 SKS of cement, down tubing & up the casing, Rig down cement trucks, trip out & laydown 41 joints of 2-3/8" tubing, clean up & pick up tubing tools, rig down pulling unit, drove pulling unit to next location Charles, spot in pulling unit, change clothes, drove crew home & shut down for the day.

TOTAL HOURS: 11.00

MATERIAL USED:

SWAB CUPS 2-3/8 _____

SWAB CUPS 2-7/8 _____

OIL SAVER RUBBER _____

THREAD DOPE x _____

ROD WIPER RUBBER _____

TUBING WIPER RUBBER x _____

OPERATOR Miguel Robledo

D. MAN Refugio Rodriguez

FLOOR MAN Geronimo Orozco

FLOOR MAN Armando Chaves

TOOLS USED:

STANDING VALVE _____

TUBING TONGS x _____

ROD TONGS _____

ROD FISHING TOOL _____

TUBING SLIP SEGMENTS _____

SAND PUMP _____

AIR PACKS _____

H2S MONITOR _____

MULTI-GAS MONITOR _____

OTHER _____

COMANCHE WELL SERVICE

8100 E 22nd St N Bldg 1900
Wichita, KS 67226 US
3162014882
andria@edisonopco.com

Invoice

BILL TO
Edison Operating Co
8100 E. 22nd St N, Bldg 1900
Wichita, KS 67226

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
2149	03/01/2024	\$3,488.38	03/31/2024	Net 30	

LEASE
Moler #1 SWD

COUNTY
Finney

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
03/01/2024	Rig #4	<u>Rig to plug well</u>	11	295.00	3,245.00

SUBTOTAL	3,245.00
TAX	243.38
TOTAL	3,488.38
BALANCE DUE	\$3,488.38

9080
✓



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: 3/1/2024
Invoice #: 0374847
Lease Name: Moler
Well #: 1 *20*
County: Finney, Ks
Job Number: WP5180
District: Oakley

Date/Description	HRS/QTY	Rate	Total
P&A	0.000	0.000	0.00
Cement Class A	200.000	20.000	4,000.00
Hulls	6.000	50.000	300.00
Light Eq Mileage	95.000	2.000	190.00
Heavy Eq Mileage	190.000	4.000	760.00
Ton Mileage	893.000	1.500	1,339.50
Depth Charge 1001'-2000'	1.000	1,500.000	1,500.00
Cement Blending & Mixing	200.000	1.400	280.00
Service Supervisor	1.000	275.000	275.00
H-Plug	20.000	16.000	320.00

Net Invoice	8,964.50
Sales Tax:	526.26
Total	9,490.76

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!

