

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 LLC
PO Box 549
Hays, KS 676010549 USA
accountspayable@eliwireline.com

INVOICE

BILL TO

EDISON OPERATING CO LLC
9342 E CENTRAL, SUITE D
WICHITA, KS 67206

SHIP TO

Leathersland #2-10
Haskell Co, KS
Field Ticket #9182

INVOICE # 9964**DATE** 03/12/2025**DUE DATE** 04/11/2025**TERMS** Net 30

| SERVICE | DESCRIPTION | QTY | RATE | AMOUNT |
|-------------|--------------------------------|-----|----------|----------|
| 70-210-1000 | Service Charge | 1 | 500.00 | 500.00 |
| 75-820-0055 | Set Solid Bridge Plug 5 1/2 | 1 | 1,550.00 | 1,550.00 |
| 70-214-0900 | Radial Bond Log (Depth Charge) | 1 | 1,200.00 | 1,200.00 |
| 70-212-0900 | Radial Bond Log (Op Charge) | 1 | 475.00 | 475.00 |
| 70-805-1005 | 1x2 Squeeze Gun shot at 1850' | 1 | 1,250.00 | 1,250.00 |
| 70-805-1005 | 1x2 Squeeze Gun shot at 650' | 1 | 300.00 | 300.00 |

Please remit to above address.

| | |
|-------------|-------------------|
| SUBTOTAL | 5,275.00 |
| DISCOUNT | -791.25 |
| TOTAL | 4,483.75 |
| BALANCE DUE | \$4,483.75 |

Exact Well Service LLC

Invoice

PO Box 610
 Liberal, KS 67905

| Date | Invoice # |
|-----------|-----------|
| 3/12/2025 | 6635 |

| |
|--|
| Bill To |
| Edison Operating Co LLC 9342 E. Central, Suite A Wichita, KS 67206 |

| Well Name | Terms | Rep |
|----------------------|--------|-----|
| MLP Leathers Land... | Net 30 | GLP |

| Quantity | Description | Rate | Amount |
|----------------------------------|---------------------------------|-----------------|-------------|
| | MLP Leathers Land A2-10 | | |
| 44 | Rig #9 Hours - 3 man crew | 280.00 | 12,320.00T |
| 4.5 | Crew Travel Time | 160.00 | 720.00T |
| 5,292 | Thread Compound Per Foot | 0.007 | 37.04T |
| 3,190 | Thread Compound Per Foot | 0.007 | 22.33T |
| 3 | Tubing Tongs | 100.00 | 300.00T |
| 1 | Tubing Wiper Rubber | 20.00 | 20.00T |
| | Haskell County Kansas Sales Tax | 7.00% | 939.36 |
| <i>RIV TO PLUS WELL 9000</i> | | | |
| Thank you for your business. | | Subtotal | \$13,419.37 |

| | |
|-------------------------|-------------|
| Total | \$14,358.73 |
| Payments/Credits | \$0.00 |
| Balance Due | \$14,358.73 |

| Phone # | Fax # |
|--------------|--------------|
| 620-626-9779 | 620-626-9785 |

Exact Well Service LLC
 P.O. Box 610
 Liberal, KS 67905
 Gary Pister 620-655-1396

Job Type:

Daily Field Ticket

Date: 03/05/25
 Depth (ft.):
 Rig No.: 9
 Old Well: X
 New Well:

Customer Name: EDISON OPERATING

AFE No.:
 Other:

PO No.:

Other:

Lease: MLP LEATHERS LAND

Well No.:

A2-10

County: HASKELL

Block:

Desc:

Section:

Commission
 Lease ID Number

Legal Description:
 Survey:
 Section:

Township:

Range:

Section:

Billing

| Description | Quantity | Desc. | Rate | Total |
|----------------------|----------|-----------|--------|-----------------|
| Rig & Crew | 9.00 | Hours | 280.00 | 2,520.00 |
| Crew Travel | 1.00 | Hours | 160.00 | 160.00 |
| Out of Town Expense | 0 | Day | | |
| Rig Supervisor | 0 | Day | | |
| Diesel for Lease | 0.00 | Gallons | | |
| Light Plant | 0 | Day | | |
| Paraffin Knife | 0 | Day | | |
| Rod Fishing Tool | 0 | Each | | |
| Rod Stripper | 0 | Day | | |
| Rod Tonges | 0 | Day | | |
| Rod Wiper Rubber | 0 | Each | | |
| Sand Pump | 0 | Each | | |
| Standing Valve | 0 | Run | | |
| Swab, Acid / H2S | 0 | Day | | |
| Swab, Other | 0 | Day | | |
| Swab Cups | 0 | Each | | |
| Swab, Oil Saver Rbr. | 0 | Each | | |
| Thread Compound | 3,190 | \$ / Foot | 0.007 | 22.33 |
| Tubing Tonges | 1 | Each | 100.00 | 100.00 |
| Tubing Wiper Rubber | 0 | Each | | |
| Other 1 | 0.00 | Each | | |
| Other 2 | 0.00 | Each | | |
| Other 3 | 0.00 | Each | | |
| Other 4 | 0.00 | Each | | |
| Other 5 | 0.00 | Each | | |
| Other 6 | 0.00 | Each | | |
| Other 7 | 0.00 | Each | | |
| Other 8 | 0.00 | Each | | |
| Other 9 | 0.00 | Each | | |
| Other 10 | 0.00 | Each | | |
| SUBTOTAL: | | | | 2,802.33 |

Rate, pricing, taxes and extensions are subject to verification and correction at time of invoicing.

Description of Work

Drove crew to location unpack well head trip in hole w/5.5" AD1 PKR SN 43 jnts 2 7/8" tbg set PKR @1349'
 load tbg and try to pump into perforations pressured up to 1500 PSI held pull out of the hole w/22 jnts 2 7/8"
 tbg and set PKR @ 602' load tbg w/2 bbls and circulate 5 bbls release PKR and pull out 19 jnts 2 7/8" tbg
 run in w/SN 59 jnts 2 7/8" tbg land tbg @1843' pump 2bbls water 30 sx cement 8bbls water pull out of the
 hole w/59 jnts 2 7/8" tbg laying down tbg rig up cementers to 5.5" csg and pump 150 sx cement in/out
rig down cementers and clean up rig down clean location move off well head shut down
 total cement used was 210 sx

| Tubing Pulled/Run | | | Rods Pulled/Run | | |
|-------------------|------|--------|-----------------|------|--------|
| Count | Size | Length | Count | Size | Length |
| <- Total -> | | | <- Total -> | | |

Employee Name: Salomon P. Jesus R. Anastacio R.

Our Representative:

Thank You, Gary

Customer Representative:

Dallas



Pre-Job/Tail Gate Safety Meeting Report

(Use this form to identify and discuss hazards)

Date: 2-27-25 Time: 9:00 AM PM Meeting Facilitator: Jose Pardo

Facility Name and Location: Leathers Land 2-10

Work to Be Undertaken: lay down tbg

Nearest Emergency Medical Services Phone Number (other than 911):

MINIMUM STANDARD REQUIREMENTS VERIFICATION (must be verified for all persons in the work party)

- Hard Hat
- Personal H₂S Monitor (if in sour area)
- LO/TO (if applicable)
- Safety Glasses w/side-shields
- Has Received Site Specific Orientation
- Meets Facial Hair Requirements (if in sour area)
- Safe Work Zone (barricades, tape, etc if necessary)
- Safety-Toed Footwear
- Training Documentation
- New/Inexperienced Empl?

HAZARD IDENTIFICATION AND SAFETY BRIEFING/DISCUSSION (check and discuss all relevant hazards)

- Hazardous Positions of People
- Falling From Heights
- Slips/Trips/Falls
- Extreme Heat/Cold
- Electrical Current
- Overexertion/Heavy Lifting
- Power Lines Located
- Other: _____
- Job Safety Analysis Reviewed (if available)
- NORM or Other Radiation
- Overhead Work/Suspended Loads/Chains/Slings
- Trapped Pressure
- Flammables/Combustibles/Explosives
- Pinch Points/Moving/Rotating Equipment
- Drive Through Route to Ensure Adequate Clearances
- Hazardous Substances
- Hazardous Atmospheres
- Walking/Working Surfaces
- Noise Levels
- Sharp Edges
- Insects/Snakes/Etc.(allergies)
- Right-of-Way Clearances

ADDITIONAL PPE REQUIREMENTS (based on the job specific hazards, check all that apply)

- | | | | |
|---|--|---|--|
| EYES/FACE | HANDS | FEET | OTHER |
| <input type="checkbox"/> Tinted Lenses | <input type="checkbox"/> Chemical Resistant Gloves | <input type="checkbox"/> Rubber Boots | <input type="checkbox"/> Air Purifying Respirator |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Heat Resistant Gloves | <input type="checkbox"/> Over-Boots | <input type="checkbox"/> Supplied Air Respirator |
| <input type="checkbox"/> Face Shield | <input type="checkbox"/> Cotton or Leather Gloves | <input type="checkbox"/> Dielectric Boots | <input type="checkbox"/> Flame Resistant Clothing |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Dielectric Gloves | <input type="checkbox"/> _____ | <input type="checkbox"/> Chemical Resistant Clothing |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | | <input type="checkbox"/> Personal Fall Arrest System |
| | | | <input type="checkbox"/> _____ |

EMERGENCY PREPARATION

- Muster Areas
- Communication Methods
- Means of Egress
- Emergency Equipment

ADDITIONAL TOPICS COVERED (list on line below)

| Attendees (Signature) | Company |
|-----------------------|---------|
| <u>Jose Pardo</u> | _____ |
| <u>Jesus Rivas</u> | _____ |
| <u>Armando Pardo</u> | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

POST-JOB DEBRIEFING:

Were any additional hazards (other than those listed above) encountered during the course of this work? Yes No

If yes, list them here: _____

Additional Comments: _____

WOG Area Supervisor Audit: _____ Date: _____



Pre-Job/Tail Gate Safety Meeting Report

(Use this form to identify and discuss hazards)

Date: 2-28-25 Time: 8:00 AM PM Meeting Facilitator: Jose Pando

Facility Name and Location: Leathers Land # 2-10

Work to Be Undertaken: Pull Rods & Htg

Nearest Emergency Medical Services Phone Number (other than 911): _____

MINIMUM STANDARD REQUIREMENTS VERIFICATION *(must be verified for all persons in the work party)*

- Hard Hat
- Personal H₂S Monitor *(if in sour area)*
- LO/TO *(if applicable)*
- Safety Glasses w/side-shields
- Has Received Site Specific Orientation
- Meets Facial Hair Requirements *(if in sour area)*
- Safe Work Zone *(barricades, tape, etc if necessary)*
- Safety-Toed Footwear
- Training Documentation
- New/Inexperienced Empl?

HAZARD IDENTIFICATION AND SAFETY BRIEFING/DISCUSSION *(check and discuss all relevant hazards)*

- Hazardous Positions of People
- Falling From Heights
- Slips/Trips/Falls
- Extreme Heat/Cold
- Electrical Current
- Overexertion/Heavy Lifting
- Power Lines Located
- Other: _____
- Job Safety Analysis Reviewed *(if available)*
- NORM or Other Radiation
- Overhead Work/Suspended Loads/Chains/Slings
- Trapped Pressure
- Flammables/Combustibles/Explosives
- Pinch Points/Moving/Rotating Equipment
- Drive Through Route to Ensure Adequate Clearances
- Hazardous Substances
- Hazardous Atmospheres
- Walking/Working Surfaces
- Noise Levels
- Sharp Edges
- Insects/Snakes/Etc.(allergies)
- Right-of-Way Clearances

ADDITIONAL PPE REQUIREMENTS *(based on the job specific hazards, check all that apply)*

- | | | | |
|---|--|---|--|
| EYES/FACE | HANDS | FEET | OTHER |
| <input type="checkbox"/> Tinted Lenses | <input type="checkbox"/> Chemical Resistant Gloves | <input type="checkbox"/> Rubber Boots | <input type="checkbox"/> Air Purifying Respirator |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Heat Resistant Gloves | <input type="checkbox"/> Over-Boots | <input type="checkbox"/> Supplied Air Respirator |
| <input type="checkbox"/> Face Shield | <input type="checkbox"/> Cotton or Leather Gloves | <input type="checkbox"/> Dielectric Boots | <input type="checkbox"/> Flame Resistant Clothing |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Dielectric Gloves | <input type="checkbox"/> _____ | <input type="checkbox"/> Chemical Resistant Clothing |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | | <input type="checkbox"/> Personal Fall Arrest System |
| | | | <input type="checkbox"/> _____ |

EMERGENCY PREPARATION

- Muster Areas
- Communication Methods
- Means of Egress
- Emergency Equipment

ADDITIONAL TOPICS COVERED *(list on line below)*

| Attendees (Signature) | Company |
|-----------------------|---------|
| <u>Jose Pando</u> | |
| <u>Jesus Rivas</u> | |
| <u>Antonio Pando</u> | |
| | |
| | |
| | |

POST-JOB DEBRIEFING:

Were any additional hazards (other than those listed above) encountered during the course of this work? Yes No

If yes, list them here: _____

Additional Comments: _____

WOG Area Supervisor Audit: _____ Date: _____



HURRICANE SERVICES INC

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

Customer:
EDISON OPERATING CO LLC
9342 E CENTRAL
SUITE A
WICHITA, KS 67206

Invoice Date: 3/3/2025
Invoice #: 0382580
Lease Name: Leathers Land
Well #: 2-10
County: Haskell, Ks
Job Number: WP6144
District: Pratt

| Date/Description | HRS/QTY | Rate | Total |
|----------------------------|---------|-----------|----------|
| Plug to Abandon | 0.000 | 0.000 | 0.00 |
| H-Plug | 30.000 | 16.000 | 480.00 |
| Hulls | 2.000 | 50.000 | 100.00 |
| Light Eq Mileage | 40.000 | 2.000 | 80.00 |
| Heavy Eq Mileage | 80.000 | 4.000 | 320.00 |
| Ton Mileage Minimum | 1.000 | 300.000 | 300.00 |
| Cement Blending & Mixing | 30.000 | 1.400 | 42.00 |
| Depth Charge: 5001'-6000' | 1.000 | 3,000.000 | 3,000.00 |
| Service Supervisor | 1.000 | 275.000 | 275.00 |
| Cement Pump-Hourly Service | 3.000 | 250.000 | 750.00 |

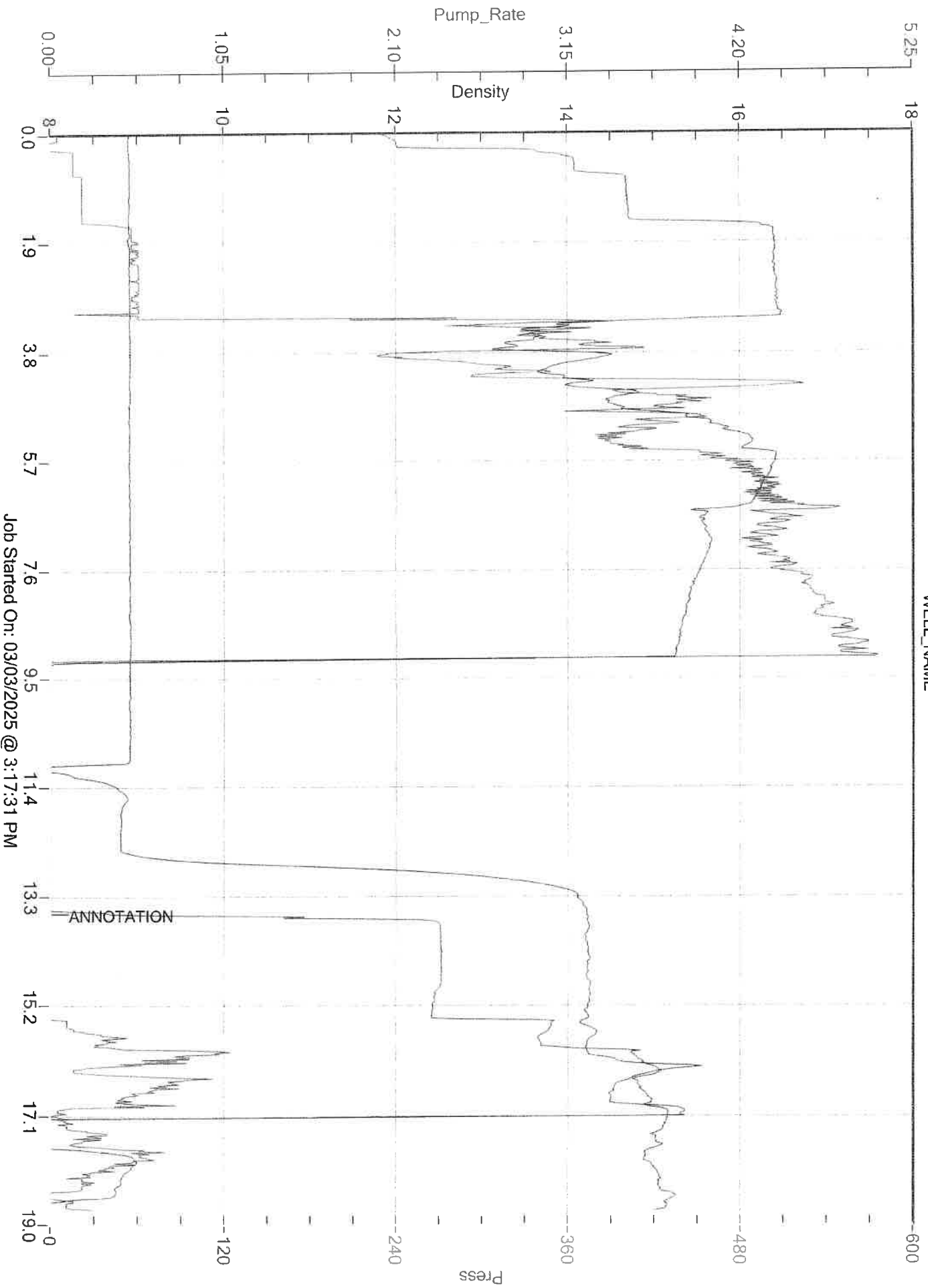
| | |
|--------------|-----------------|
| Net Invoice | 5,347.00 |
| Sales Tax: | 354.80 |
| Total | 5,701.80 |

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!

EDISON
WELL_NAME



Job Started On: 03/03/2025 @ 3:17:31 PM



HURRICANE SERVICES INC

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

Customer:
EDISON OPERATING CO LLC
9342 E CENTRAL
SUITE A
WICHITA, KS 67206

Invoice Date: 3/4/2025
Invoice #: 0382581
Lease Name: Leathers Land
Well #: 2-10
County: Haskell, Ks
Job Number: WP6149
District: Pratt

| Date/Description | HRS/QTY | Rate | Total |
|---------------------|---------|-----------|----------|
| Plug to Abandon | 0.000 | 0.000 | 0.00 |
| Light Eq Mileage | 40.000 | 2.000 | 80.00 |
| Cement Pump Service | 1.000 | 1,500.000 | 1,500.00 |
| Service Supervisor | 1.000 | 275.000 | 275.00 |

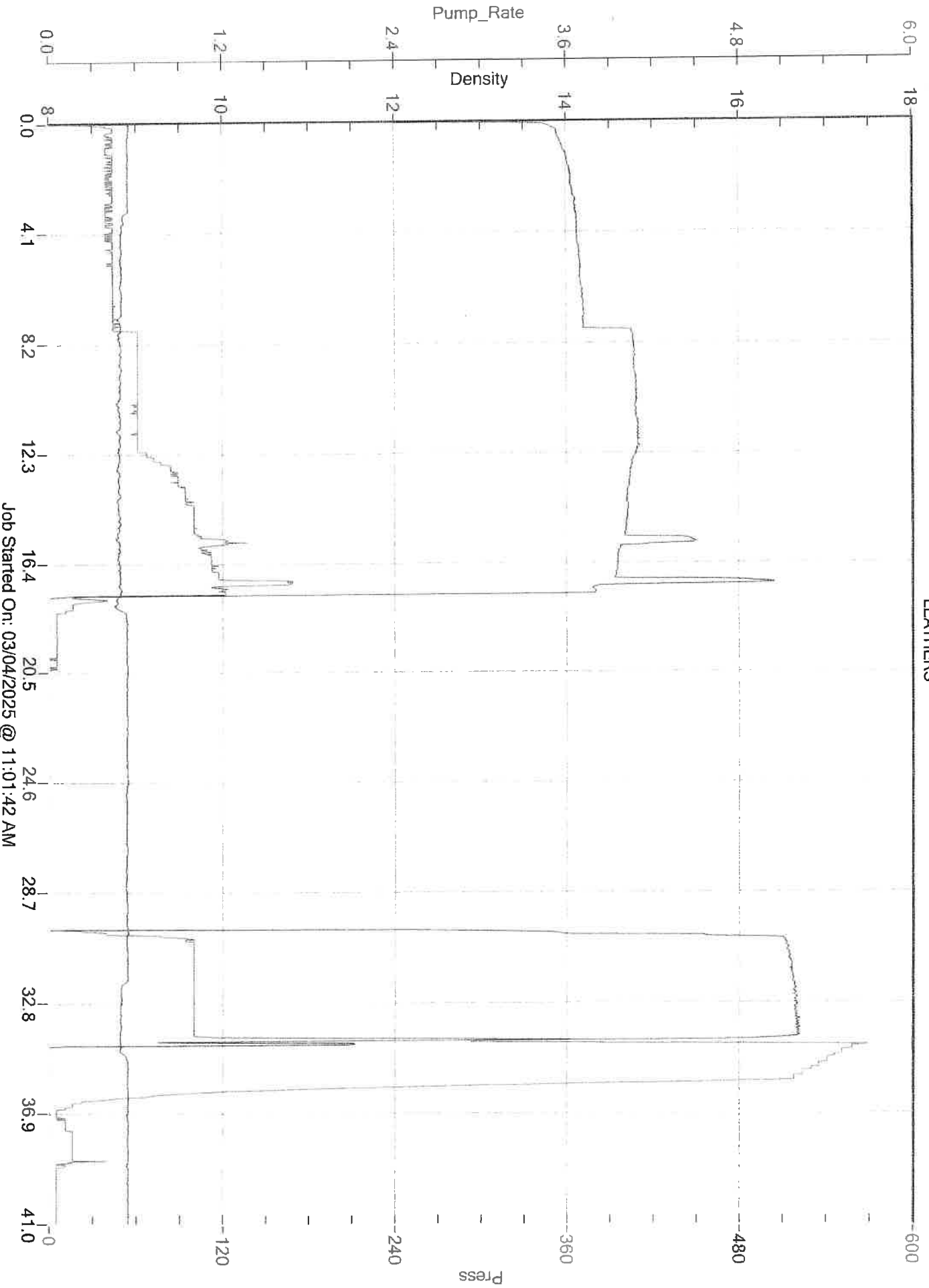
| | |
|--------------|-----------------|
| Net Invoice | 1,855.00 |
| Sales Tax: | 129.86 |
| Total | 1,984.86 |

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.

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WE APPRECIATE YOUR BUSINESS!

EDISON
LEATHERS



Job Started On: 03/04/2025 @ 11:01:42 AM



HURRICANE SERVICES INC

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

Customer:
EDISON OPERATING CO LLC
9342 E CENTRAL
SUITE A
WICHITA, KS 67206

Invoice Date: 3/5/2025
Invoice #: 0382582
Lease Name: Leathers Land
Well #: 2-10
County: Haskell, Ks
Job Number: WP6150
District: Pratt

| Date/Description | HRS/QTY | Rate | Total |
|----------------------------|---------|-----------|----------|
| Plug to Abandon | 0.000 | 0.000 | 0.00 |
| H-Plug | 180.000 | 16.000 | 2,880.00 |
| Light Eq Mileage | 40.000 | 2.000 | 80.00 |
| Ton Mileage | 310.000 | 1.500 | 465.00 |
| Cement Blending & Mixing | 180.000 | 1.400 | 252.00 |
| Depth Charge 1001'-2000' | 1.000 | 1,500.000 | 1,500.00 |
| Cement Data Acquisition | 1.000 | 250.000 | 250.00 |
| Service Supervisor | 1.000 | 275.000 | 275.00 |
| Cement Pump-Hourly Service | 2.000 | 250.000 | 500.00 |

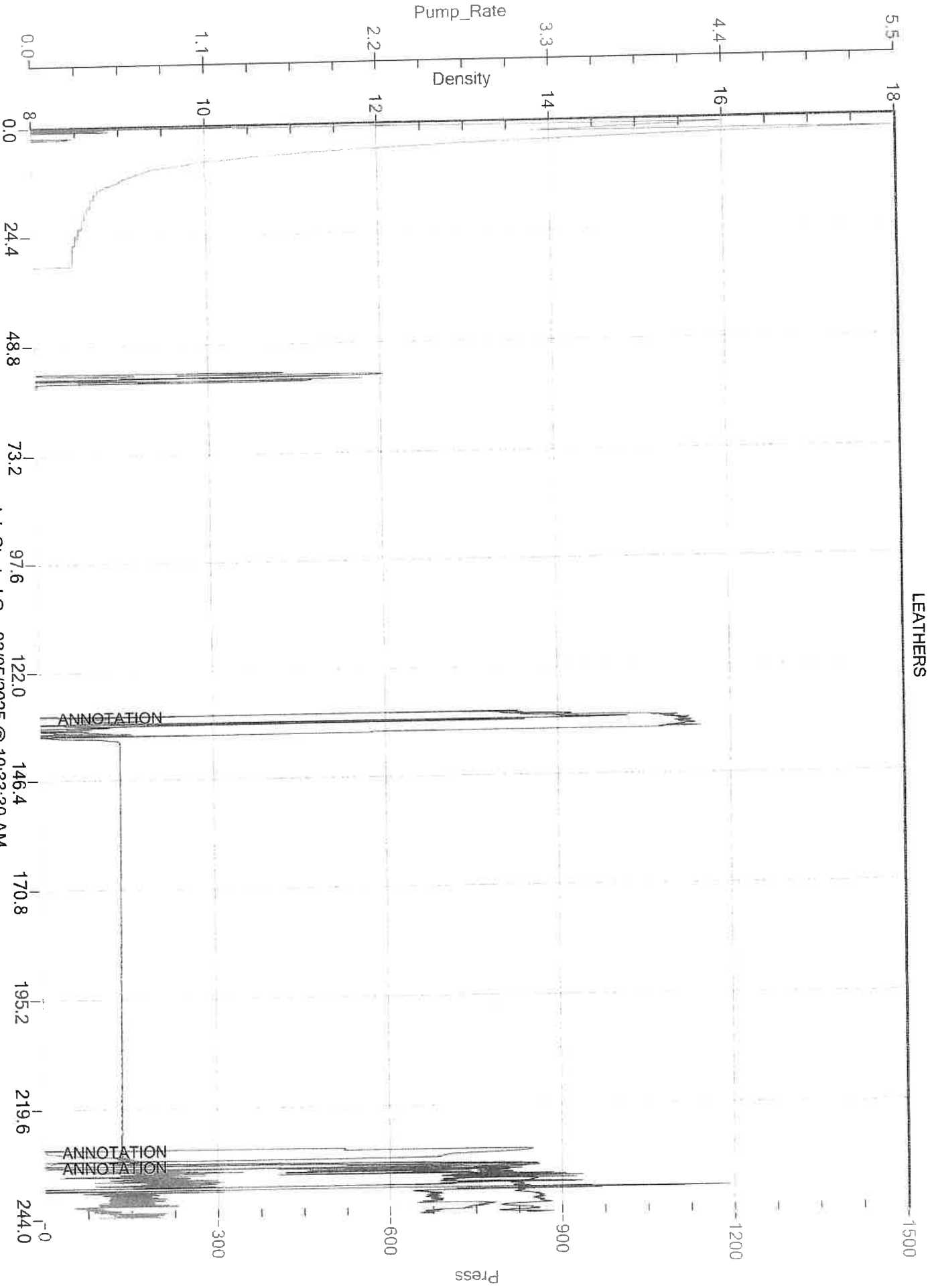
| | |
|--------------|-----------------|
| Net Invoice | 6,202.00 |
| Sales Tax: | 337.37 |
| Total | 6,539.37 |

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.

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WE APPRECIATE YOUR BUSINESS!

EDISON LEATHERS



Job Started On: 03/05/2025 @ 10:33:30 AM