

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
9342 E CENTRAL
SUITE A
WICHITA, KS 67206

Invoice Date: 4/16/2025
Invoice #: 0383370
Lease Name: Fecit
Well #: 1-1
County: Hamilton, Ks
Job Number: WP6278
District: Pratt

Date/Description	HRS/QTY	Rate	Total
Plug to Abandon	0.000	0.000	0.00
H-Plug	170.000	16.000	2,720.00
Hulls	4.000	50.000	200.00
Heavy Eq Mileage	125.000	4.000	500.00
Ton Mileage	914.000	1.500	1,371.00
Cement Blending & Mixing	170.000	1.400	238.00
Cement Pump Service	1.000	1,500.000	1,500.00
Cement Data Acquisition	1.000	250.000	250.00

Net Invoice 6,779.00
Sales Tax: 430.19
Total 7,209.19

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!

Exact Well Service LLC

Invoice

PO Box 610
 Liberal, KS 67905

Date	Invoice #
3/18/2025	6638

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

Well Name		Terms	Rep
Fecht 1-1		Net 30	GLP
Quantity	Description	Rate	Amount
10.5	Rig #9 Hours - 3 man crew	280.00	2,940.00T
3	Crew Travel Time	160.00	480.00T
1	Swab Cup, 2 3/8"	32.00	32.00T
1	Tubing Tongs	100.00	100.00T
1	Tubing Wiper Rubber	20.00	20.00T
	Hamilton County Kansas Sales Tax	8.00%	285.76
Subtotal			\$3,572.00
Thank you for your business.			
Total			\$3,857.76
Payments/Credits			\$0.00
Balance Due			\$3,857.76

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

