

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

AP Copy



BASIC RECEIVED
ENERGY SERVICES
SEP 19 2018

PAGE 1 of 1	CUST NO 1002427	YARD # 1718	INVOICE DATE 09/13/2018
INVOICE NUMBER 92802724			

Pratt (620) 672-1201
B LOTUS OPERATING CO. LLC
100 S MAIN ST STE 420
L WICHITA
L KS US 67202
T
O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Bryant 1-8
O LOCATION
B COUNTY Pratt
S STATE KS
I JOB DESCRIPTION Cement-Casing Seat-Prod W
T JOB CONTACT
E

JOB # 41132993	EQUIPMENT # 86779	PURCHASE ORDER NO.	TERMS Net - 30 days	DUE DATE 10/13/2018
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	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/12/2018 to 09/12/2018</i>				
0041132993				
171817142A Cement-Casing Seat-Prod W 09/12/2018 Cement PTA				
60/40 POZ	165.00	EA	7.32	1,207.80 T
Cement Gel	1,284.00	LB	0.15	195.81 T
"Unit Mileage Chg (PU, cars one way)"	25.00	MI	2.74	68.62 T
Heavy Equipment Mileage	50.00	MI	4.58	228.75 T
178----Propp & Bulk Del.Chgs per ton mil	1.00	EA	270.69	270.69 T
Blending & Mixing Service Charge	165.00	SK	0.85	140.91 T
Depth Charge; 501'-1000'	1.00	EA	732.00	732.00 T
"Service Supervisor, first 8 hrs on loc.	1.00	EA	106.75	106.75 T

GL# 9350
DESC. Cement for Plugging
WELL # Bryant

ENTERED
SEP 25 2018

PLEASE REMIT TO: BASIC ENERGY SERVICES, LP PO BOX 841903 DALLAS, TX 75284-1903	SEND OTHER CORRESPONDENCE TO: BASIC ENERGY SERVICES, LP 801 CHERRY ST, STE 2100 FORT WORTH, TX 76102	SUB TOTAL TAX INVOICE TOTAL	2,951.33 243.48 3,194.81
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Customer: LOTUS operations	Lease No.	Date: 9-12-16
Lease: Brvant 1-B	Well #	
Field Order #: 17142	Station: Pratt Kansas 1716	Casing
Type Job: PTA 2-41	Depth	County: Pratt
	Formation	State: KS
		Legal Description

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size: 4 3/8	Tubing Size: 2 3/8	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth: 426	Depth: 950	From	To	Pre Pad	Max		5 Min.	
Volume: 27.2	Volume: 3.6	From	To	Pad	Min		10 Min.	
Max Press: 2.00	Max Press: 2.00	From	To	Frac	Avg		15 Min.	
Well Connection: 4.0	Annulus Vol: 53.5	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager	Treater
Service Units: 75866 77686 66779 19960 73768		
Driver Names: Ferris Mike Mike Mike Mike		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1245					Arrived on location / safety meeting
1255					rig up equipment
1315		110	20	3	Pump gel spacer @ 9.5 pplr
1323		80	12.7	3	mix 50sx 60/40 @ 13.8 pplr @ 950'
1329		20	2.8	2	Pump H2O Behind
1346		80	12.7	3	mix 50sx 60/40 @ 13.8 pplr @ 450'
1350		20	.9	2	Pump H2O behind
1421		20	17	3	mix 66sx 60/40 @ 13.8 pplr @ 60'
1430					rig down
1500					Leave location
					1st plug @ 950' HOC - 210.96' TOC - 739.04'
					2nd plug @ 450' HOC - 200.81' TOC - 249.19'
					3rd plug @ 60' HOC - 60' TOC - surface
					Thank you! Ferris