

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

Quality Well Service, Inc.

PO Box 468
Pratt, KS 67124

Invoice

Date	Invoice #
1/14/2019	C-1945

Bill To
Lotus Operating Co. LLC 100 S. Main, STE. 420 Wichita, KS 67202

P.O. No.	Terms	Lease Name
		CR Wetz #8

Description	Qty	Rate	Amount
Common	78	15.50	1,209.00T
Poz	52	9.50	494.00T
Gel	15	22.00	330.00T
Calcium	2	60.00	120.00T
Plug	1	950.00	950.00T
Handling	147	2.10	308.70T
.08 * sacks * miles	3,750	0.08	300.00T
Service Supervisor	1	150.00	150.00T
LMV	15	3.75	56.25T
Heavy Equipment Mileage	30	8.00	240.00T
Customer Discount		-1,164.22	-1,164.22
Discount Expires after 30 days from the date of the invoice		0.00	0.00
CR Wetz #8 Barber Co.			

Thank You for your business!	Subtotal	\$2,993.73
	Sales Tax (7.5%)	\$224.53
	Total	\$3,218.26

QUALITY WELL SERVICE, INC.

7042

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	1-10-19	Sec.	1	Twp.	35S	Range	12W	County	Barber	State	Ki	On Location		Finish		
Lease	CR WETZ	Well No.	#8	Location Men Lodge Ki St to Driftwood												
Contractor	REDROCK	Owner						3/4 W N into								
Type Job	PTA	To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.														
Hole Size	7 7/8	T.D.														
Csg.	5 1/2	Depth	Charge To LOTUS OPERATING CO. LLC													
Tbg. Size		Depth	Street													
Tool		Depth	City State													
Cement Left in Csg.		Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.													
Meas Line		Displace	Cement Amount Ordered 1509 60/40 4% GEL													
EQUIPMENT												10% GEL on 5100 USED 13750				
Pumptrk	8	No.	TS		Common 70											
Bulktrk	7	No.	TAKE		Poz. Mix 52											
Bulktrk		No.			Gel. 15											
Pickup		No.			Calcium 25											
JOB SERVICES & REMARKS												Hulls				
Rat Hole												Salt				
Mouse Hole												Flowseal				
Centralizers												Kol-Seal				
Baskets												Mud CLR 48				
D/V or Port Collar												CFL-117 or CD110 CAF 38				
1st Plug 600' 10% GEL 509 60/40 4% GEL												Sand				
Pump 15' table H ₂ O Est size												Handling 147				
Mix: Pump 10% GEL												Mileage 15				
Mix: Pump 50% 60/40 4% GEL												FLOAT EQUIPMENT				
Disp H ₂ O												Guide Shoe				
												Centralizer				
2nd Plug 300' 50% 60/40 4% GEL												Baskets				
Mix: Pump 50% 60/40 4% GEL												AFU Inserts				
Disp H ₂ O												Float Shoe				
												Latch Down				
3rd Plug 40'												SERVICE SPECIALLY				
Mix: Pump 30% 60/40 4% GEL												LMV 15'				
Circ cut TO V.P.												Pumptrk Charge PTA				
												Mileage 30				
Thank you PLEASE CALL AGAIN												Tax				
JOHN TS TAKE												Discount				
Signature Robin Brown												Total Charge				