

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

Quality Well Service, Inc.

Invoice

PO Box 468
Pratt, KS 67124

Date	Invoice #
2/21/2019	C-1968

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

RECEIVED

FEB 26 2019

P.O. No.	Terms	Lease Name
		CR WETZ #7

Description	Qty	Rate	Amount
Common	93	15.50	1,441.50T
Poz	62	9.50	589.00T
Gel	15	22.00	330.00T
Calcium	1	60.00	60.00T
Plug	1	950.00	950.00T
Handling	171	2.10	359.10T
.08 * sacks * miles	3,750	0.08	300.00T
Service Supervisor	1	150.00	150.00T
LMV	20	3.75	75.00T
Heavy Equipment Mileage	40	8.00	320.00T
Customer Discount		-1,372.38	-1,372.38
Discount Expires after 30 days from the date of the invoice		0.00	0.00
CR WETZ #7 Barber Co.			
GL# <u>9053</u> DESC. <u>cement for</u> <u>plugging,</u> <u>#7</u> WELL # <u>wetzcr</u>			

Thank You for your business!	Subtotal	\$3,202.22
	Sales Tax (7.5%)	\$240.17
	Total	\$3,442.39

QUALITY WELL SERVICE, INC.

7061

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	2-13-19	Sec.	1	Twp.	35S	Range	12W	County	BARBER	State	KS	On Location		Finish		
Lease	CR WETZ	Well No.	7	Location MEO LODGE KS. S to Draftwood 1/4 W												
Contractor	QWS							Owner	N 1740							
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 155 gal 60/40 4 1/2 FEL							
EQUIPMENT																
Pumptrk	8	No.	TJ				Common		93							
Bulktrk	7	No.	JAKE				Poz. Mix		62							
Bulktrk		No.					Gel.		15							
Pickup		No.					Calcium		1							
JOB SERVICES & REMARKS																
Rat Hole								Hulls								
Mouse Hole								Salt								
Centralizers								Flowseal								
Baskets								Kol-Seal								
D/V or Port Collar								Mud CLR 48								
1 st Plug	720 x 10 x FEL 50 x 60/40 4 1/2 FEL							CFL-117 or CD110 CAF 38								
Mix + Pump	10 x FEL							Sand								
Mix + Pump	50 x 60/40 4 1/2 FEL							Handling 170								
Disp H ₂ O								Mileage 20								
FLOAT EQUIPMENT																
2 nd Plug	385 70 x 60/40 4 1/2 FEL							Guide Shoe								
Mix + Pump	70 x 60/40 4 1/2 FEL							Centralizer								
Disp H ₂ O								Baskets								
3 rd Plug	40'							AFU Inserts								
Mix + Pump	35 x 60/40 4 1/2 FEL							Float Shoe								
CIRL CMT TO P.T.								Latch Down								
										SERVICE SUP.						
										LMV 20						
Thank You										Pumptrk Charge PTA						
PLEASE CALL AGAIN										Mileage 40						
TODD TS JALE																
X Signature										Tax						
										Discount						
										Total Charge						