KOLAR Document ID: 1460031

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 #: | API No. 15 |
|---|--|
| Name: | Spot Description: |
| Address 1: | Sec Twp S. R East West |
| Address 2: | Feet from North / South Line of Section |
| City: State: Zip: + | Feet from East / West Line of Section |
| Contact Person: | Footages Calculated from Nearest Outside Section Corner: |
| Phone: () | NE NW SE SW |
| Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Storage Permit #: Storage Permit #: | County: Lease Name: Date Well Completed: |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No | The plugging proposal was approved on: (Date) |
| Producing Formation(s): List All <i>(If needed attach another sheet)</i> | by: (KCC District Agent's Name) |
| Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D. | Plugging Commenced: |

Show depth and thickness of all water, oil and gas formations.

| Oil, Gas or Wate | r Records | Casing Record (Surface, Conductor & Production) | | | ction) | | |
|------------------|-----------|---|--|--|--------|--|--|
| 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. |
| (Print Name) | Employee of Operator or Operator on above-described well, |
| | |

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 Wireline Service LLC

PO Box 468 Pratt, KS 67124

RECEIVED

8

MAY 02 2019 Invoice

| Date | Invoice # |
|-----------|-----------|
| 4/30/2019 | 638 |

| | P.O. No. | Terms | | Lease Name | |
|--|----------|----------|---|--|--|
| | | | | Molz L #7 | |
| Description | | Qty | Rate | Amount | |
| 5 1/2" Bridge Plug Setting Charge Dump Bailer Cement Run Truck Charge Customer Discount Discount expires after 30 days from the date of the invoice. Molz L #7 Barber Co. | | | . 900.00 1,500.00 1,500.00 -3,050.00 0.00 |) 1,500.007 1,000.007 1,500.007 0 -3,050.00 | |
| Thank you for your business. | | Subtotal | | \$1,850.00 | |
| | | Sales Ta | x (7.5%) | \$138.75 | |
| | | Total | | \$1,988.75 | |

QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368

일을 관람에서 화장 동네가 먹었다. 가지

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

7118

| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
|---------------------------------|---------------------------------------|---|---------|-------------------------|---|---------------------------------------|---------------------------------------|--|--|--|
| Sec. | Twp. | Range | | County | State | On Location | Finish | | | |
| Date 4-29-19 1 | 35 | 12 | B | arbor | KS | | | | | |
| | Well No. 7 | , | Locatio | on | | | | | | |
| Contractor Quolity Well Service | | | Owner | | | | | | | |
| Type Job PTA | | · · · · · · | | You are here | ell Service, Inc. by requested to rent | cementing equipment | t and furnish | | | |
| Hole Size | | cementer and helper to assist owner or contractor to do work as listed. | | | | | | | | |
| Csg. 5.5 | Depth | | | Charge Lo | tus | | | | | |
| Tbg. Size | Depth | • | | Street | | ······ | <u>.</u> | | | |
| Tool | Depth | | | City State | | | | | | |
| Cement Left in Csg. | Shoe Joint | t | | The above was | s done to satisfaction a | nd supervision of owner | agent ⁻ or contractor | | | |
| Meas Line | Displace | | | Cement Amo | unt Ordered 100 | 1 SX 60140 | 49,681 | | | |
| EQUIP | MENT | | | <u>10 sp</u> | 1 Gel on | Side | | | | |
| Pumptrk 86 No. | · · · · · · · · · · · · · · · · · · · | | | Common | 00 | | | | | |
| Bulktrk 10 No. | | | | | 60 | | | | | |
| Bulktrk No. | | | | Gel. 15 | | | | | | |
| Pickup No. | | | | Calcium ᡒ | Ne | | | | | |
| JOB SERVICES | S & REMAR | KS | | Hulls | | | | | | |
| Rat Hole | | | | Salt | | | | | | |
| Mouse Hole | | . <u>.</u> | | Flowseal | | | | | | |
| Centralizers | | | | Kol-Seal | | | | | | |
| Baskets | | ···· | | Mud CLR 48 | | | | | | |
| D/V or Port Collar | | | | CFL-117 or CD110 CAF 38 | | | | | | |
| 1st Pumpod losx | Gel 50 | 0sv 60 | 146 | Sand | | | State 1 | | | |
| 48 64 38 10 | ~ | 00 | | Handling | 77 | | | | | |
| | | | | Mileage 🕥 | 40 | | 4 | | | |
| 2nd Pumpod 655. | 6014 | 0 49 | c: | 8 | FLOAT EQUIPN | IENT | | | | |
| Gel 34 (Ca) | 310' | | | Guide Shoe | | | | | | |
| | • . | | | Centralizer | | | | | | |
| 312 Fundrad 4551 | x 601 | 46 4 | Ś | Baskets | · · · · · · · · · · · · · · · · · · · | | | | | |
| | surface | | | AFU Inserts | | | | | | |
| | - Factoring | | | Float Shoe | | | | | | |
| 81 to of cse | 1. Left | 5.5 | | Latch Down | | | | | | |
| cog head on | pribe. | · · · · · · · · · · · · · · · · · · · | | LMV | 10 40 | | | | | |
| | | | • | Service | Super Visia | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | Pumptrk Cha | I to an | · · · · · · · · · · · · · · · · · · · | | | | |
| | ···· | | | Mileage 🚜 | | -, | | | | |
| | | | | | | Tax | · · · · · · · · · · · · · · · · · · · | | | |
| | · · · · · · | | | | | Discount | | | | |
| X Signature | | | <u></u> | | | Total Charge | | | | |
| Cignaturo | 0.00000000 | | | <u>.</u> | i | | Taylor Printing, Inc. | | | |

Quality Wireline Services, LLC



30060 N. Hwy 281 • P.O. Box 468 • Pratt, Kansas 67124 • 620-388-2309 or 620-727-6964 • Fax 620-672-3663

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|--|---|---|--|-----------------------------------|--------|--|----------------|--|
| Company Lotus Persting ComPany Billing Address City | | | | | CI | Client Order # | | |
| | | <u>Sity</u> | State | | | Zip | | |
| | | | | | | | (coordinates) | |
| Lease & Well # ////////////////////////////////// | | Fi | Field Name Casing Size | | | Legal Description (coordinates) Casing Weight | | |
| | | Ca | | | | | | |
| Fluid Level (surface) | Reading From | Cı | Customer T.D. Operator | | | Quality Wire Line T.D. Unit# | | |
| | | | | | | | | |
| Engineer | Operator Cedear | | | | | | | |
| Product Code | Description | | Qty | Unit Price | From | Depth To | \$ Amount | |
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