

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 #
6/10/2019	C-2046

RECEIVED

JUN 11 2019

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

P.O. No.	Terms	Lease Name
		Perkins #2

Description	Qty	Rate	Amount
Common	132	15.50	2,046.00T
Poz	88	9.50	836.00T
Gel	800	0.22	176.00T
Plug	1	950.00	950.00T
Handling	228	2.10	478.80T
.08 * sacks * miles	4,560	0.08	364.80T
Service Supervisor	1	150.00	150.00T
LMV	20	3.75	75.00T
Heavy Equipment Mileage	40	8.00	320.00T
Customer Discount		-1,349.15	-1,349.15
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Perkins #2 Pratt Co.			

GL# 9247
 DESC. Plugging cement,
#2
 WELL # Perkin

ENTERED
 JUN 17 2019

less 81.56
 for tax

Possible
 tax exempt -
 call Quality

Thank You for your business!

Subtotal	\$4,047.45
Sales Tax (8.25%)	\$333.91
Total	\$4,381.36

4299.80

QUALITY WELL SERVICE, INC.

7132

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	Sec.	Twp.	Range	County	State	On Location	Finish
6-8-19	13	29S	15W	Pratt	Ks		
Lease	PERKINS	Well No.	2	Location	Coats K1412 W into		
Contractor	Duke Dalg Rig # 9			Owner	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.		
Type Job	PTA			Charge To	LOTUS OPERATING CO. LLL		
Hole Size	7 7/8			T.D.			
Csg.				Depth			
Tbg. Size	4 1/2 OP			Depth			
Tool				Depth			
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 220 sk 60/40 4 1/2 GEL		
EQUIPMENT							
Pumptrk	B No.	TS		Common	132		
Bulktrk	10 No.	SALV		Poz. Mix	33		
Bulktrk	No.			Gel.	3		
Pickup	No.			Calcium			
JOB SERVICES & REMARKS							
Rat Hole	30 sk			Hulls			
Mouse Hole	20 sk			Salt			
Centralizers				Flowseal			
Baskets				Kol-Seal			
D/V or Port Collar				Mud CLR 48			
1st Plug @ 4925	50 sk 60/40 4 1/2 gel			CFL-117 or CD110 CAF 38			
Pump H20				Sand			
Mix! Pump 50 sk 60/40 4 1/2 gel				Handling	223		
Dsp H20				Mileage	20 / 4560		
FLOAT EQUIPMENT							
Dsp Rig 1000				Guide Shoe			
2nd Plug @ 550'	50 sk 60/40 4 1/2 gel			Centralizer			
Pump H20				Baskets			
Mix + Pump 30 sk 60/40 4 1/2 gel				AFU Inserts			
Dsp H20				Float Shoe			
3rd Plug @ 300'	10 sk 60/40 4 1/2 gel			Latch Down			
Pump H20				SERVICE SUP 1 EA			
Mix + Pump 50 sk 60/40 4 1/2 gel				LMV 20			
DSP H20				Pumptrk Charge	PTA		
4th Plug @ 60'	20 sk 60/40 4 1/2 gel			Mileage	40		
Mix + Pump 30 sk 60/40 4 1/2 gel							
20 sk Rat Hole 20 sk Mouse Hole							
Signature	[Signature]						
						Tax	
						Discount	
						Total Charge	