

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.

(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 Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
7/20/2020	2270

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

RECEIVED
JUL 22 2020

P.O. No.	Terms	Lease Name
		Haskard A1

Description	Qty	Rate	Amount
Rig Time	17	180.00	3,060.00T
Floor Rental	1	350.00	350.00T
Sand	1	35.00	35.00T
Rip Casing	1	600.00	600.00T
Welding	2	75.00	150.00T
Water Truck	5	95.00	475.00T
Phone Calls	1	20.00	20.00T
Clerical	1	25.00	25.00T
Wiping Rubber	1	20.00	20.00T
Fresh Water	1	30.00	30.00T
Haskard A1 Barber Co			
7/14/20: Drove to location. Cleaned up around well head. Rigged up Ran down with bridge plug. Couldn't get past. Ran in with baylor, beat bridge out to 4,625'. Ran back in, couldn't get bridge plug past 4,000'. State said we could sand off perfs. Sanded off perfs. Dug cellar. Unpacked casing head. Set floor, pulled slips. Cut surface off 4' below ground. Bailed 5 sacks cement on sand. Only had 8 inches stretch. Drove home.			
7/15/20: Drove to location. Ripped casing at 1,030'. Pulled casing to 600'. Pumped 10 sacks gel, 40 sacks cement. Pulled casing to 320'. Pumped 40 sacks cement. Pulled casing to 30'. Pumped 35 sacks cement to surface. Tore down floor and rig. Emptied pit. Topped well off with 20 sacks cement. Backfilled cellar and pit.			
Thank You for your business!			
Subtotal			\$4,765.00
Sales Tax (7.5%)			\$357.38
Total			\$5,122.38

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
7/20/2020	C-2387

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

RECEIVED
JUL 22 2020

P.O. No.	Terms	Lease Name
		Haskard A1

Description	Qty	Rate	Amount
Common	80	15.50	1,240.00T
Poz	55	9.50	522.50T
Gel	1,500	0.22	330.00T
Calcium	100	1.20	120.00T
Plug/Pump Charge	1	950.00	950.00T
Handling	152	2.10	319.20T
.08 * sacks * miles	3,800	0.08	304.00T
Service Supervisor	1	150.00	150.00T
LMV	25	3.75	93.75T
Heavy Equipment Mileage	50	8.00	400.00T
Customer Discount		-1,328.84	-1,328.84
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Haskard A1 Barber Co			

Thank You for your business!	Subtotal	\$3,100.61
	Sales Tax (7.5%)	\$232.55
	Total	\$3,333.16

QUALITY WELL SERVICE, INC.

7460

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	7-15-20	Sec.	7	Twp.	35	Range	12	County	Barber	State	KS	On Location	Finish
Lease	Haskard A	Well No.	1	Location									
Contractor	Quality Well Service							Owner					
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	T.D.							Charge To					
Csg.	4.5							To 10125					
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 135 sv 60/40 48 601					
EQUIPMENT													
Pumptrk	8	No.		105x gal on side									
Bulktrk	9	No.		Common 50									
Bulktrk		No.		Poz. Mix 55									
Pickup		No.		Gel. 1500 #									
		No.		Calcium 100 #									
JOB SERVICES & REMARKS													
Rat Hole	Hulls												
Mouse Hole	Salt												
Centralizers	Flowseal												
Baskets	Kol-Seal												
D/V or Port Collar	Mud CLR 48												
1 st Pumped	105x Gel 46sv 60/40							Sand					
	48 601 @ 600							Handling 150					
								Mileage 25					
2 nd Pumped	40sv 60/40 48							FLOAT EQUIPMENT					
	601 @ 320							Guide Shoe					
								Centralizer					
3 rd Pumped	35sv 60/40 48							Baskets					
	601 @ 30' to surface							AFU Inserts					
								Float Shoe					
4 th Tapped	well off with 20sv							Latch Down					
	60/40 48 601							1 MV 25					
								Service Supervisor					
								Pumptrk Charge PTA					
								Mileage 50					
								Tax					
								Discount					
X Signature								Total Charge					