

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

Quasar Energy Services, Inc.
3288 FM 51
Gainesville, TX 76240

Invoice

Date	Invoice #
11/12/2021	143639

Bill To
Scout Energy Partners 13800 Monfort Road, Suite 100 Dallas Tx 75240

As of 09/22/2015 any invoice with a discount must be paid within 60 days of the invoice date. After 60 days the discount will be removed and the invoice will reflect the full price.

			Well
			Snowbarger E W 1-2
Description	Quantity	Rate	Amount
Pickup Mileage	50	3.31	165.50
Equipment Mileage	100	6.30	630.00
Pump Charge	1	1,653.75	1,653.75
Class C Cement	55	19.85	1,091.75
Class A-Lite Cement	245	16.54	4,052.30
Calcium Chloride	100	1.32	132.00
Sugar	100	2.65	265.00
Subtotal			7,990.30
Discount - 10%		-10.00%	-799.03
		Total	\$7,191.27
		Payments/Credits	\$0.00
		Balance Due	\$7,191.27

All accounts are past due net 30 days following the date of invoice. A finance charge of 1.5% per month or 18% annual percentage rate will be charged on all past due accounts.

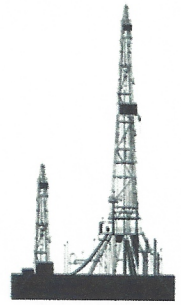
3288 FM 51

Gainesville, Texas 76240

Office: 940-612-3336

Fax: 940-612-3336 | qesi@qeserve.com

FRACTURING / ACID / CEMENT

[illegible]

