

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

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

Invoice

Date	Invoice #
3/28/2022	145324

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

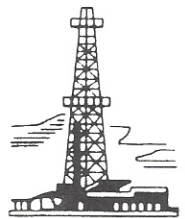
As of 09/22/2015 any invoice with a discount must be paid within 60 days of the invoice date. After 60 days the discount will be removed and the invoice will reflect the full price.

			Well
			Baughman C3 HI
Description	Quantity	Rate	Amount
Pickup Mileage	70	5.31	371.70
Equipment Mileage	140	8.30	1,162.00
Pump Charge	1	2,315.25	2,315.25
Class A-Lite Cement	376	16.54	6,219.04
Cotton Seed Hulls	100	1.05	105.00
Sugar	50	2.65	132.50
Subtotal			10,305.49
Discount - 5%		-5.00%	-515.27
Total			\$9,790.22
Payments/Credits			\$0.00
Balance Due			\$9,790.22

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: 940-612-3346



FRACTURING • ACID • CEMENT • NITROGEN

TYPE AND PURPOSE OF JOB CEMENT ACID NITROGEN FRAC KILL OTHER **AFE# 14924**

CUSTOMER *Scout Energy Partners* **WELL NAME** *Baughman GU C3HI # 5053*

ADDRESS *14400 Midway Rd.* **LOCATION** *Rolla, Ks.*

CITY *Dallas* **STATE** *Tx.* **ZIP** *75244* **TYPE AND PURPOSE OF JOB** *PTA*

DATE OF SALE *3-22-22* **TRUCK NO.** *04, DP03 227,660-25* **COUNTY** *Morton* **STATE** *Ks.*

GAINESVILLE, TX WICHITA FALLS, TX MIDLAND, TX EL RENO, OK LIBERAL, KS

TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
			T	C	TUBING	CASING	

PERSONNEL	QUANTITY	UNIT	CODE	MATERIAL, EQUIPMENT, AND SERVICES USED	UNIT PRICE	AMOUNT
<i>Daniel Beck</i>	<i>70</i>	<i>Mile</i>	<i>1000</i>	<i>Mileage-Pickup-Per Mile</i>	<i>\$ 5.31</i>	<i>\$ 371.70</i>
<i>Tyce Davis</i>	<i>140</i>	<i>Mile</i>	<i>1010</i>	<i>Mileage-Equip. Mileage-Per Mile</i>	<i>\$ 8.30</i>	<i>\$ 1,162.00</i>
	<i>1</i>	<i>Per Well</i>	<i>5622</i>	<i>Pumping Service Charge -1</i>	<i>\$ 2315.25</i>	<i>\$ 2315.25</i>
	<i>376</i>	<i>Per Sack</i>	<i>5660</i>	<i>Cement-Lite-A</i>	<i>\$ 16.54</i>	<i>\$ 6219.04</i>
	<i>100</i>	<i>Per Lb.</i>	<i>5862</i>	<i>Cottonseed Hulls</i>	<i>\$ 1.05</i>	<i>\$ 105.00</i>
	<i>50</i>	<i>Per Lb.</i>	<i>5930</i>	<i>Sugar</i>	<i>\$ 2.65</i>	<i>\$ 132.50</i>

LOC: Y/N *Y/N*

GL Code: *887.10* **Amt Approved:** *9790.22*

Lease / Well No: *Baughman C3 HI*

Description:

AFE #: *14924* **Date:** *3-22-22*

Foreman: *Stan Coe*

Shane Delay

Mail this field Ticket with Invoice to:
 Scout Energy Partners
 2225 W. Oklahoma Ave.
 Ulysses, KS 67880

TOTAL *\$ 9790.22*

PACKER DEPTH

PERFORATIONS

CASING SIZE *5 1/2" 17#*

TUBING SIZE *2 3/8" 4.7#*

X Stan Coe
 CUSTOMER SIGNATURE & DATE

Amount 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.



JOB LOG

WELL NO. GU C3HI LEASE Baughman

TICKET NO. 5053

CUSTOMER Scout Energy Partners

PAGE NO. 1

JOB TYPE PTA

DATE: 3-22-22

TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
			T	C	TUBING	CASING	
13:15							On Location + Safety M.
13:20							Rig Up
14:11	2.3	13.0 slurry			90		Pump 50sx @ 13.6#, Last 25sx w/ 100# Hulls @ 1770'
		4.5					Displace w/ 4.5 bbl
14:30							Shutdown
16:06							Circulate Casing + B.S w/
	2.9	15			150		15 bbl
16:12	2.2	84.7 slurry			180		Pump 326sx @ 13.6# Down TB set at 630', Circulate To Surface
17:30							Job Complete