

**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.**

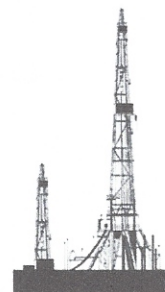
3288 FM 51

Gainesville, Texas 76240

Office: 940-612-3336

Fax: 940-612-3336 | [qesi@qeserve.com](mailto:qesi@qeserve.com)

**FRACTURING | ACID | CEMENT | NITROGEN**



BID #: 5427		AFE#/PO#: 15194				
TYPE / PURPOSE OF JOB: PLUG/PTA		SERVICE POINT: Liberal, KS				
CUSTOMER: SCOUT ENERGY PARTNERS		WELL NAME: EVANS B1-4 ATU 127				
ADDRESS: 14400 MIDWAY RD		LOCATION: LAKIN, KS				
CITY: DALLAS	STATE: TX	ZIP: 75244	COUNTY: KEARNY			
DATE OF SALE: 5/25/2022		STATE: KS				
QTY.	CODE	YD	UNIT	PUMPING AND EQUIPMENT USED	UNIT PRICE	AMOUNT
75	1000	L	Mile	Mileage - Pickup - Per Mile	\$5.31	\$ 398.25
150	1010	L	Mile	Mileage - Equipment Mileage - Per Mile	\$8.30	\$ 1,245.00
1	5622	L	Per Well	Pumping Service Charge -1	\$2,315.25	\$ 2,315.25
20	1020	L	Per Unit/HR	Wait - Per Unit Per Hour	\$550.00	\$ 11,000.00
Subtotal for Pumping & Equipment Charges						\$ 14,958.50
QTY.	CODE	YD	UNIT	MATERIALS	UNIT PRICE	AMOUNT
400	5630	L	Per Sack	Cement - Class A	\$16.54	\$ 6,616.00
500	5770	L	Per Lb.	Calcium Chloride	\$1.46	\$ 730.00
60	5800	L	Per Lb.	Cello Flakes-Poly Flake 1/8" cut	\$2.65	\$ 159.00
500	5850	L	Per Lb.	Gypsum	\$1.00	\$ 500.00
500	5900	L	Per Lb.	Sodium Metasilicate (SMS) C-45	\$2.32	\$ 1,160.00
Subtotal for Material Charges						\$ 9,165.00
MANHOURS: 132 # WORKERS: 3				TOTAL		\$ 24,123.50
WORKERS				DISCOUNT: 20%		\$ 4,824.70
Chad Hinz				DISCOUNTED TOTAL		\$ 19,298.80
Jesse Paxton						
Noel Leon						
STAMPS & NOTES:				As of 9/22/15 any invoice with a discount must paid within 60 days of the invoice date. After 60 days the discount will be removed and the invoice will reflect full price.		
				CUSTOMER SIGNATURE & DATE		
				Signature: _____ Date: 5/25/22		
				Print Name: _____		
*All accounts are past due net 30 days following the date of invoice. A finance charge of 1-1/2% per month or 18% annual percentage rate will be charged on all past due accounts.						



**QUASAR ENERGY SERVICES, INC.**

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Gainesville, Texas 76240

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Form 185-2J

5/25/22

CEMENTING JOB LOG

## CEMENTING JOB LOG

[illegible]



# Job Safety Analysis Checklist -JSA

Form 181-4/185-2

5/25/22

JSA

Company: SCOUT ENERGY PARTNERS

Date: 5/25/22

Location: LAKIN, KS

Well Name: EVANS B1-4 ATU 127

Weather: RAINY

Temp.: 43

Wind Direction:

Type of Job: PLUG/PTA

Person in Charge: Chad Hinz

Line Boss: Jesse Paxton

Emergency Driver: Noel Leon

Emergency Info.		PPE/Body Hazards		Confined Space	
<input type="checkbox"/>	Eye Wash	<input checked="" type="checkbox"/>	Hard hat	<input type="checkbox"/>	Rescuue Plan
<input type="checkbox"/>	Shower Station	<input checked="" type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	Hole Watch / Communication
<input checked="" type="checkbox"/>	Fire Extinguishers Loc/Tag	<input checked="" type="checkbox"/>	Proper Work Boots	<input type="checkbox"/>	Atmosphere Testing
<input type="checkbox"/>	Evacuation Route / Muster	<input checked="" type="checkbox"/>	Eye Protection	<input type="checkbox"/>	Ventilation
<input checked="" type="checkbox"/>	Leak/Spill Reporting	<input checked="" type="checkbox"/>	Hand Protection	<input type="checkbox"/>	Respirator
<input checked="" type="checkbox"/>	Fire Reporting	<input checked="" type="checkbox"/>	Flame Resistant Clothing FR	Tools / H2O	
Hospital:		<input type="checkbox"/>	Fall protection	<input checked="" type="checkbox"/>	Right Tool for the Job
Phone #:		<input type="checkbox"/>	Lock Out / Tag Out	<input checked="" type="checkbox"/>	Inspection
Address:		<input type="checkbox"/>	Respiratory- Silica, Chemical	<input checked="" type="checkbox"/>	Drinking Water

Scope of Work	Potential Hazards	Safety Controls
1 DRIVING	TRAFFIC, CONSTRUCTION, ANIMALS	OBEY LAWS, BE AWARE
2 RIGGING UP/DOWN	PINCH POINTS, HEAVY LIFTING	BUDDY SYSTEM, HAND PLACEMENT
3 PUMPING JOB	PSI LINES	KEEP AREA CLEAR

	Print Name	Signature	Company
1	CHAD HINZ		
2	JESSE PAXTON		
3	NOEL LEON		
4			
5			
6			
7			
8			
9			
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12			
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21			
22			
23			
24			
25			
26			

Total # Workers: