

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, Texas 76240
 Office: 940-612-3336
 Fax: 940-612-3336 | qesi@qeserve.com



FRACTURING | ACID | CEMENT | NITROGEN

BID #: 7208 AFE#/PO#: 0

TYPE / PURPOSE OF JOB: PLUG/PTA SERVICE POINT: Liberal, KS

CUSTOMER: Scout Energy Partners WELL NAME: HCU 2421B

ADDRESS: 14400 Midway Road LOCATION: Syracuse, Ks.

CITY: Dallas STATE: Texas ZIP: 75244 COUNTY: Hamilton STATE: KS

DATE OF SALE				5/22/2023		UNIT PRICE	AMOUNT
QTY.	CODE	YD	UNIT	PUMPING AND EQUIPMENT USED			
120	1000	L	Mile	Mileage - Pickup - Per Mile		\$5.58	\$ 669.60
240	1010	L	Mile	Mileage - Equipment Mileage - Per Mile		\$8.72	\$ 2,092.80
1	5623	L	Per Well	Pumping Service Charge -2		\$3,307.50	\$ 3,307.50
Subtotal for Pumping & Equipment Charges							\$ 6,069.90

QTY.	CODE	YD	UNIT	MATERIALS	UNIT PRICE	AMOUNT
265	5635	L	Per Sack	Cement - Class A (LB)	\$21.54	\$ 5,708.10
500	5862	L	Per Lb.	Cottonseed Hulls	\$1.10	\$ 550.00
50	5930	L	Per Lb.	Sugar	\$2.78	\$ 139.00

MANHOURS: 9	# WORKERS: 3	Subtotal for Material Charges		\$ 6,397.10
WORKERS		TOTAL		\$ 12,467.00
Daniel Beck		DISCOUNT: 10%	DISCOUNT	\$ 1,246.70
Phillip Grano		DISCOUNTED TOTAL		\$ 11,220.30
Eduardo Mendoza				

STAMPS & NOTES:

As of 9/22/15 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 full price.

CUSTOMER SIGNATURE & DATE

Signature: _____ Date: _____

**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.

Print Name: _____