

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



Job Safety Analysis Checklist -JSA

Form 181-4/185-2

8/9/24

JSA

Company: Scout Energy Partners

Date: 8/9/24

Location: Sublette, Ks.

Well Name: Norris 2HI

Weather: Rain

Temp.: 55 Wind Direction: West

Type of Job: PLUG/PTA

Person in Charge: Daniel Beck

Line Boss: ANGEL ECHEVARRIA

Emergency Driver: Eduardo Mendoza

Emergency Info.	PPE/Body Hazards	Confined Space
<input type="checkbox"/> Eye Wash	<input checked="" type="checkbox"/> Hard hat	<input type="checkbox"/> Rescue 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 checked="" 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 RIG UP	SLIPS, TRIPS, & FALLS; PINCH POINTS; HEAVY LIFTING; LIFTING OVERHEAD & OVERHEAD HAZARDS	TEAMWORK, COMMUNICATION
2 PUMPING OPERATION	PRESSURIZED LINES	TEAMWORK, COMMUNICATION
3 RIG DOWN	SLIPS, TRIPS, & FALLS; PINCH POINTS; HEAVY LIFTING; LIFTING OVERHEAD;	TEAMWORK, COMMUNICATION

Print Name	Signature	Company
1 Daniel Beck	<i>Daniel Beck</i>	QUASAR ENERGY SERVICES, INC.
2 ANGEL ECHEVARRIA	<i>Angel Echevarria</i>	QUASAR ENERGY SERVICES, INC.
3 Eduardo Mendoza	<i>Eduardo Mendoza</i>	QUASAR ENERGY SERVICES, INC.
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