

**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**



FRACTURING | ACID | CEMENT | NITROGEN

BID #: 10976      AFE#/PO#: 0

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

CUSTOMER: SCOUT ENERGY PARTNERS      WELL NAME: GILLAM 1

ADDRESS: 14400 MIDWAY RD      LOCATION: KENDALL, KS

CITY: DALLAS      STATE: TX      ZIP: 75244      COUNTY: HAMILTON      STATE: KS

DATE OF SALE: 3/24/2026      Perforations: to

QTY.	CODE	YD	UNIT	PUMPING AND EQUIPMENT USED	UNIT PRICE	AMOUNT
130	1000	L	Mile	Mileage - Pickup - Per Mile	\$5.69	\$ 739.70
260	1010	L	Mile	Mileage - Equipment Mileage - Per Mile	\$8.89	\$ 2,311.40
1	5622	0	Per Well	Pumping Service Charge -1	\$2,361.56	\$ 2,361.56
<b>Subtotal for Pumping &amp; Equipment Charges</b>						<b>\$ 5,412.66</b>

QTY.	CODE	YD	UNIT	MATERIALS	UNIT PRICE	AMOUNT
145	5638	L	Per Sack	Cement - Lite - A (LB)	\$24.01	\$ 3,481.45
2	5750	L	Per Gal	VSC Cement Defoamer Liquid	\$64.73	\$ 129.46
223	5840	L	Per Lb.	Gel (Bentonite)	\$0.37	\$ 82.51
50	5930	L	Per Lb.	Sugar	\$2.84	\$ 142.00
<b>Subtotal for Material Charges</b>						<b>\$ 3,835.42</b>

MANHOURS: 0	# WORKERS: 2	<b>TOTAL</b>		<b>\$ 9,248.08</b>						
<table border="1"> <tr> <th colspan="2">WORKERS</th> </tr> <tr> <td>CHAD HINZ</td> <td></td> </tr> <tr> <td>NOEL LEON</td> <td></td> </tr> </table>		WORKERS		CHAD HINZ		NOEL LEON		<b>DISCOUNT:</b> 10.00%	<b>DISCOUNT</b>	<b>\$ 924.81</b>
		WORKERS								
CHAD HINZ										
NOEL LEON										
		<b>DISCOUNTED TOTAL</b>		<b>\$ 8,323.27</b>						

**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: \_\_\_\_\_

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.

