

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

Form 185-2

4/14/26

CEMENTING JOB LOG

CEMENTING JOB LOG

Company: SCOUT ENERGY PARTNERS **Well Name:** SUDAN 1
Type Job: PLUG/PTA **AFE #:** 0

CASING DATA			
Size:	7	Grade:	J55
		Weight:	23
Casing Depths	Top: 0	Bottom:	0
Drill Pipe:	Size: 0	Weight:	0
Tubing:	Size: 2 3/8	Weight:	0
Open Hole:	Size: 0	T.D. (ft):	0
Perforations	From (ft): 0	To: 0	Packer Depth(ft): 0

CEMENT DATA			
Spacer Type:			
Amt.	Sks Yield	ft ³ /sk	Density (PPG)
LEAD:			Excess
Amt.	Sks Yield	ft ³ /sk	Density (PPG)
TAIL:	CLASS A 60/40/4		Excess
Amt. 400	Sks Yield 1.5	ft ³ /sk	Density (PPG) 13.5

WATER:

Lead:	gals/sk:	Tail:	7.5	gals/sk:	Total (bbls):
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Pump Trucks Used: 210-DP11

Bulk Equipment: 228 660-20, 229 660-23

Disp. Fluid Type: Amt. (Bbls.) Weight (PPG):

Mud Type: Weight (PPG):

COMPANY REPRESENTATIVE: STAN **CEMENTER:** CHAD HINZ

TIME AM/PM	PRESSURES PSI			FLUID PUMPED DATA		REMARKS
	Casing	Tubing	ANNULUS	TOTAL	RATE	
0730						ON LOC, SAFTEY MTG, R.U.
0923		25			3	LOAD WELL
0956				100		SHUT DOWN CIRC H2O TOO H W/TUBING
1040					.8	TOP OFF WELL W/ H2O FOR LOGS
1045				4		SHUT DOWN, WOO
1217		180			2.2	MIX 30SX @ 2060'
1221		40		8	2.2	DISPLACE
1306		80			2.2	MIX 155SX @1060
1326				41		SHUT DOWN, CIRC CEMENT
1406				2		TOP OFF W/8 SX
1408			70		1.7	PUMP DOWN SURFACE 207 SX
1450			100	55		SHUT DOWN, SHUT IN ANNULUS WITH 100#
1453						WASHUP P&L
1530						JOB COMPLETE
						THANK YOU FOR YOUR BUSINESS!!!