

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Contact Person Email: _____
 Field Contact Person: _____
 Field Contact Person Phone: (_____) _____

API No. 15- _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 Datum: NAD27 NAD83 WGS84
 County: _____ Elevation: _____ GL KB
 Lease Name: _____ Well #: _____
 Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
 Spud Date: _____ Date Shut-In: _____

| | Conductor | Surface | Production | Intermediate | Liner | Tubing |
|------------------|-----------|---------|------------|--------------|-------|--------|
| Size | | | | | | |
| Setting Depth | | | | | | |
| Amount of Cement | | | | | | |
| Top of Cement | | | | | | |
| Bottom of Cement | | | | | | |

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____
 Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
(top) (bottom) (top) (bottom)
 Do you have a valid Oil & Gas Lease? Yes No
 Depth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
(depth) (depth)
 Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)
 Packer Type: _____ Size: _____ Inch Set at: _____ Feet
 Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

| Formation Name | Formation Top | Formation Base | Completion Information |
|----------------|---------------|----------------|--|
| 1. _____ | At: _____ | to _____ Feet | Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet |
| 2. _____ | At: _____ | to _____ Feet | Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet |

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

| | | | | | |
|---|--|----------------|---------------------|----------------------|---------------------------------|
| Do NOT Write in This Space - KCC USE ONLY | Date Tested: _____ | Results: _____ | Date Plugged: _____ | Date Repaired: _____ | Date Put Back in Service: _____ |
| | Review Completed by: _____ Comments: _____ | | | | |
| TA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> Denied Date: _____ | | | | | |

Mail to the Appropriate KCC Conservation Office:

| | | |
|--|--|--------------------|
|  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 | Phone 620.682.7933 |
| | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720 | Phone 620.902.6450 |
| | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651 | Phone 785.261.6250 |

- Acquire Mode
- Recall Mode

F2 Data Files

F3 Select Test

P/C
DYN
ACU

F4 Analyze

Select Liquid Level | Depth Determination | Casing Pressure BHP | Collars

| Production | | Current | Potential | |
|------------|----------------------|----------------------|----------------------|--------|
| Oil | <input type="text"/> | <input type="text"/> | <input type="text"/> | BBL/D |
| Water | <input type="text"/> | <input type="text"/> | <input type="text"/> | BBL/D |
| Gas | <input type="text"/> | <input type="text"/> | <input type="text"/> | Mscf/D |

IPR Method

PBHP/SBHP

Producing Efficiency %

| Fluid Densities | | | |
|-----------------|-----------------------------------|-----------|--|
| Oil | <input type="text" value="40"/> | deg.API | |
| Water | <input type="text" value="1.05"/> | Sp.Gr.H2O | |
| Gas Gravity | <input type="text" value="0.55"/> | Air = 1 | |

Acoustic Velocity ft/s

Casing Pressure psi (g)

Casing Pressure Buildup psi

min

Gas/Liquid Interface Pres. psi (g)

Liquid Level Depth MD ft

Pump Intake Depth MD

TVD

Formation Depth MD ft



Well State:

Annular Gas Flow Mscf/D

% Liquid

Pump Submergence

Total Gaseous Liquid Column HT (TVD) ft

Equivalent Gas Free Liquid HT (TVD) ft

Comment

Pump Intake Pressure psi (g)

PBHP psi (g)

Reservoir Pressure (SBHP) psi (g)

STATE OF KANSAS

CORPORATION COMMISSION
CONSERVATION DIVISION
DISTRICT OFFICE No. 4
2301 E. 13TH STREET
HAYS, KS 67601-2651



PHONE: 785-261-6250
FAX: 785-625-0564
<http://kcc.ks.gov/>

GOVERNOR JEFF COLYER, M.D.

SHARI FEIST ALBRECHT, CHAIR | JAY SCOTT EMLER, COMMISSIONER | DWIGHT D. KEEN, COMMISSIONER

January 10, 2019

Josh Scott
Scott Services LLC
PO BOX 45
NATOMA, KS 67651-0045

Re: Temporary Abandonment
API 15-051-26665-00-00
SCOTT 5
SE/4 Sec.20-11S-18W
Ellis County, Kansas

Dear Josh Scott:

"Your temporary abandonment (TA) application for the well listed above has been approved. In accordance with K.A.R. 82-3-111 the TA status of this well will expire 01/10/2020.

- * If you return this well to service or plug it, please notify the District Office.
- * If you sell this well you are required to file a Transfer of Operator form, T-1.
- * If the well will remain temporarily abandoned, you must submit a new TA application, CP-111, before 01/10/2020.

You may contact me at the number above if you have questions.

Very truly yours,

RICHARD WILLIAMS"