

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 |

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
CASING MECHANICAL INTEGRITY TEST**

Form U-7
August 2019

Disposal: Enhanced Recovery: KCC District No.: _____
 Operator License No. 33936 Name: Charles N. Griffin API No.: 15093-21579-004⁰³ Permit No.: E30071.16
 Address 1: P.O. Box 347 NW/SE/NE Sec. 13 Twp. 21 S. R. 35 East West
 Address 2: _____ Feet from North / South Line of Section
 City: Pratt State: KS Zip: 67124 + _____ Feet from East / West Line of Section
 Contact Person: Charles Griffin Phone: 620-672-9700 Lease: Scott Well No. 4-13 WNW
 County: Scott

Well Construction Details: New well Existing well with changes to construction Existing well with no changes to construction

Maximum Authorized Injection Pressure: 2000 psi Maximum Injection Rate: 3000 bbl/d

| | Conductor | Surface | Intermediate | Production | Liner | Tubing |
|------------------|---------------------|--------------|--------------|--------------|---------|----------------|
| Size: | | <u>8 7/8</u> | | <u>5 1/2</u> | | <u>2 3/8</u> |
| Set at: | | <u>359</u> | | <u>4999</u> | | <u>4835</u> |
| Sacks of Cement: | | <u>275</u> | | <u>200</u> | | <u>sealite</u> |
| Cement Top: | | <u>0</u> | | <u>3470</u> | | |
| Cement Bottom: | | <u>359</u> | | <u>4999</u> | | |
| Packer Type: | <u>Arrowset 1-X</u> | | | | Set at: | <u>4835</u> |

DV Tool Port Collar Depth of: 3208 feet with 535 sacks of cement TD (and plug back): 5000 (4956) feet depth

Zone of Injection Formation: Morrow Top Feet: 4875 Bottom Feet: 4882 Perf. or Open Hole: perf

Is there a Chemical Sealant or a Mechanical Casing patch in the annular space? Yes No

If Dual Completion - Injection is: Above Production Below Production

FIELD DATA

GPS Location: Datum: NAD27 NAD83 WGS84 Lat: 38.23085°N Long: 101.12039°W Date Acquired: 1-7-16

Type MIT: Operator request MIT Reason: Operator Error

Time in Minute(s): 0 15 30 60

Pressures: Set up 1 500 500 500 500

Set up 2 _____

Set up 3 _____

Tested: Casing or Casing - Tubing Annulus System Pressure during test: 0 Bbls. to load annulus: 5

Test Date: 3-4-20 Using: HP D. Field Soc Company's Equipment

The zone tested for this well is between 0 feet and 4835 feet.

The test results were verified by operator's representative:

Name: X [Signature] Title: Contract Pumpser Phone: (____) _____

KCC Office Use Only

The results were:

- Satisfactory
 Not Satisfactory

Next MIT: _____

State Agent: Kendahlk Title: ECRS Witness: Yes No

Remarks: Operator scheduled the test 1 year early.
Retest in 5 years



OPS entered

JA

April 13, 2021

Charles N. Griffin
Griffin, Charles N.
126 S MAIN ST
PRATT, KS 67124-2711

Re: Temporary Abandonment
API 15-093-21579-00-03
SCOTT 4-13
NW/4 Sec.13-21S-35W
Kearny County, Kansas

Dear Charles N. Griffin:

"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 04/13/2022.

- * 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 04/13/2022.

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

Very truly yours,

Michael Maier"