## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#<br>Name:<br>Address 1:<br>Address 2: |   |               |                        | API No. 15-        | API No. 15-    Spot Description: |                            |        |         |  |  |
|---|---|---------------|------------------------|--------------------|----------------------------------|----------------------------|--------|---------|--|--|
|   |   |               |                        | Spot Descri        |                                  |                            |        |         |  |  |
|   |   |               |                        | .                  |                                  |                            |        |         |  |  |
|   |   |               |                        | -                  |                                  |                            |        |         |  |  |
| City:   | State:                                  | Zip:          | _ +                    |                    |                                  |                            |        |         |  |  |
| Contact Person:   |   |               |                        |                    |                                  |                            |        |         |  |  |
| Phone:()  |   |               |                        |                    | County: Elevation: GL KB         |                            |        |         |  |  |
|   |   |               |                        |                    | Lease Name:                      |                            |        |         |  |  |
|   |   |               |                        | Well Type: (d      |                                  |                            |        |         |  |  |
| Field Contact Person Phon                               |   |               |                        |                    | SWD Permit #: ENHR Permit #:     |                            |        |         |  |  |
|   | //                                      |               |                        |                    |                                  |                            |        |         |  |  |
|   |   |               |                        | Spud Date:         |                                  | Date Shut-In:              |        |         |  |  |
|   | Conductor                               | Surface       |                        | Production         | Intermedi                        | ate Liner                  | Tubing | 1       |  |  |
| Size  |   |               |                        |                    |                                  |                            |        |         |  |  |
| Setting Depth   |   |               |                        |                    |                                  |                            |        |         |  |  |
| Amount of Cement  |   |               |                        |                    |                                  |                            |        |         |  |  |
| Top of Cement   |   |               |                        |                    |                                  |                            |        |         |  |  |
| Bottom of Cement  |   |               |                        |                    |                                  |                            |        |         |  |  |
| Casing Fluid Level from Su                              | rface:                                  |               | How Determine          | d?                 |                                  | Date                       | :      |         |  |  |
| Casing Squeeze(s):                                      | to w                                    | / sa          | cks of cement,         | to                 | (bottom) w /                     | sacks of cement. Date      | :      |         |  |  |
| Do you have a valid Oil & G                             | Gas Lease? 🗌 Yes                        | No            |                        |                    |                                  |                            |        |         |  |  |
| Depth and Type: Junk                                    | in Hole at                              | Tools in Hole | at                     | Casing Leaks:      | Yes No                           | Depth of casing leak(s):   |        |         |  |  |
|   |   |               |                        |                    |                                  | Port Collar: w /           |        |         |  |  |
| Packer Type:  |   |               | ,                      |                    |                                  |                            |        | . comon |  |  |
| Раскег Туре:  | Size: _                                 |               | In                     | ch Set at:         |                                  | Feet                       |        |         |  |  |
| Total Depth:  | Plug B                                  | ack Depth:    |                        | Plug Back Method   | od:                              |                            |        |         |  |  |
| Geological Date:  |   |               |                        |                    |                                  |                            |        |         |  |  |
| Formation Name  | Jame    Formation Top    Formation Base |               | Completion Information |                    |                                  |                            |        |         |  |  |
|   | <b>.</b> .                              | to            | Feet Pe                | rforation Interval | to                               | Feet or Open Hole Interval | to     | Feet    |  |  |
| 1   | At:                                     |               |                        |                    |                                  |                            |        |         |  |  |

## Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 De                      | enied 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 |



Phone: 620-682-7933 http://kcc.ks.gov/

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Susan K. Duffy, Commissioner Laura Kelly, Governor

August 05, 2021

Sharon Sequera Scout Energy Management LLC 4901 LBJ FREEWAY SUITE 300 DALLAS, TX 75244-6107

Re: Temporary Abandonment API 15-093-20399-00-00 FARIS GAS UNIT 2 SE/4 Sec.32-23S-37W Kearny County, Kansas

Dear Sharon Sequera:

"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 08/05/2022.

\* 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 08/05/2022.

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

Very truly yours,

Michael Maier"