Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Form must be Typed

TEMPORARY ABANDON

OPERATOR: License# _____

Contact Person Email: _____

Field Contact Person Phone: (_____) ____

Casing Fluid Level from Surface:_____

Do you have a valid Oil & Gas Lease? Yes No

Conductor

Casing Squeeze(s): _____ to ____ w / ____ sacks of cement,

Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth) _____ Size: ____

2. _____ At: ____ to ____ Feet

LINDED DENALTY OF DED HIDY LUEDEDY ATTEST THAT THE INFORMATION O

__ Plug Back Depth: ___

Formation Top Formation Base _____ At: _____ to ____ Feet

_____ State: ____ Zip: ____ + _ _ _ _ _

Surface

Address 1: ___ Address 2: ____

Size

Setting Depth Amount of Cement Top of Cement **Bottom of Cement**

Packer Type: ___ Total Depth: ___

Geological Date: Formation Name

Contact Person: ____ Phone:(_____) ___

Field Contact Person: _____

| ABANI | DONMENT W | ELL APPLICA | TION AI | Form must be signed I blanks must be complete |
|------------|--------------------------|-----------------------|-----------------------------|--|
| | API No. 15 | - | | |
| | | ription: | | |
| | | Sec | Twp S. R S. R feet from N / | E W |
| + | Datum: | ion: Lat: | , Long: WGS84 | (e.gxxx.xxxxxx) |
| | | Elev | | |
| | Well Type: | ne: (check one) | os OG WSW (| Other: |
| | Spud Date | <u>;</u> | Date Shut-In: | |
| face | Production | Intermediate | Liner | Tubing |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| How De | termined? | | Da | te: |
| | | (bottom) W / | | |
| (dept | h) | Yes No Depth of | | |
| | w / sack Inch Set at: | s of cement Port Coll | lar: w / (depth) | sack of cement |
| | Plug Back Meth | nod: | | |
| tion Base | | Completion In | formation | |
| Feet | Derferation Interval | | | to Foot |
| | | toFeet | | |
| Feet | Perforation Interval | to Feet | or Open Hole Interval | to Feet |
| IE INEODMA | TION CONTAINED HE | DEIN ISTRIIE AND COR | DECTTO THE DECT O | E MV KNOWI EDGE |
| Submitt | ed Electronical | у | | |

Submitted El

| 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: Yes C | Denied Date: | | | | |

Mail to the Appropriate KCC Conservation Office:

| Notes have been not take the and been supply made may be any | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 | Phone 620.682.7933 |
|--|--|--------------------|
| the ope or to the transfer of the transfer of the transfer or tran | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| The control of the co | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720 | Phone 620.902.6450 |
| Size from from the first out from the first from th | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651 | Phone 785.261.6250 |

Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



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

Laura Kelly, Governor

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

August 19, 2021

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

Re: Temporary Abandonment API 15-093-20552-00-00 MYRTLE 1-A NE/4 Sec.18-21S-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 08/19/2022.
- * 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 08/19/2022.

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

Very truly yours,

Michael Maier"