Form CP-111

July 2017

Form must be Typed

Form must be signed

All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License# | | | | API NO. 15- | | | | | | | | | | | | | | |
|--|---|---|--|--|---|-------------------------------|-----------------------------|--------------------------------|--|-----------------------|--|--|--|--|--|--|--|------|
| Name: | | | | | ption: | | | | | | | | | | | | | |
| Address 1: | | | | | Sec | Twp | S. R | EW | | | | | | | | | | |
| Address 2: | | | | | | | = : | S Line of Section | | | | | | | | | | |
| City: State: Contact Person: Phone: | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Contact Person Email: | | | | | | | | |
| | | | | | | | | | | Field Contact Person: | | | | | | | | ner: |
| Field Contact Person Phone | :() | | | | | | IR Permit #: | | | | | | | | | | | |
| | | | | _ | rage Permit #: | | -In: | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | Conductor | Surface | Pro | duction | Intermediate | Liner | • | Tubing | | | | | | | | | | |
| Size | | | | | | | | | | | | | | | | | | |
| Setting Depth | | | | | | | | | | | | | | | | | | |
| Amount of Cement | | | | | | | | | | | | | | | | | | |
| Top of Cement | | | | | | | | | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | | | | | | | | | |
| Casing Squeeze(s): | to w / | sacks of cer | | (top) to | (bottom) W / | sacks of cen | ment. Date: | | | | | | | | | | | |
| Casing Squeeze(s): (top) Do you have a valid Oil & Ga Depth and Type: Type Completion: Packer Type: Cotal Depth: Geological Date: Formation Name | to w / w / w / ws Lease? | sacks of cer No No Tools in Hole at | ment, h) Car w / _ Inch Perfor | sing Leaks: sacks Set at: Plug Back Meth ration Interval _ | Yes No Depth s of cement Port (Fee od: Completion to Fee | n of casing leak(s): Collar: | w / Interval | sack of cement to Feet to Feet | | | | | | | | | | |
| Casing Squeeze(s): (top) Do you have a valid Oil & Ga Depth and Type: Type Completion: Cacker Type: Cotal Depth: Cormation Name Cotal Date: Cormation Name | to w / w / w / ws Lease? | sacks of ceres sacks | Can w / _ Inch Perfor | sing Leaks: sacks Set at: Plug Back Meth ration Interval _ | Yes No Depth s of cement Port 0 Fee Completion to Fee to Fee | n of casing leak(s): Collar: | w / Interval | sack of cement to Feet to Feet | | | | | | | | | | |
| Casing Squeeze(s): (top) Do you have a valid Oil & Ga Depth and Type: Type Completion: Cacker Type: Cotal Depth: Cormation Name Cotal Date: Cormation Name | to w / w / w / ws Lease? | sacks of ceres sacks | Can w / _ Inch Perfor | sing Leaks: sacks sacks Set at: Plug Back Meth ration Interval ration Interval | Yes No Depth s of cement Port 0 Fee Completion to Fee to Fee | n of casing leak(s): Collar: | w / Interval Interval | sack of cement to Feet to Feet | | | | | | | | | | |
| Casing Squeeze(s): (top) Do you have a valid Oil & Ga Depth and Type: Junk in Type Completion: Cacker Type: Cotal Depth: Geological Date: Formation Name Cacker Type: Cacker Type: Cotal Depth: Cotal D | tow /w / | sacks of ceres sacks | Performents: | sing Leaks: sacks sacks Set at: Plug Back Meth ration Interval ration Interval | Yes No Depth s of cement Port of Port | n of casing leak(s): Collar: | w / Interval Interval | to Feet to Feet | | | | | | | | | | |
| Do NOT Write in This Space - KCC USE ONLY | tow /w / | sacks of ceres sacks | Performents: | sing Leaks: sacks Set at: sacks Plug Back Meth ration Interval ration Interval ctronically | Yes No Depth s of cement Port of Port | n of casing leak(s): Collar: | w / Interval Interval | to Feet to Feet | | | | | | | | | | |

| 100 | 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 |

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

September 23, 2021

Sharon Sequera Scout Energy Management LLC 13800 MONTFORT DRIVE SUITE 100 DALLAS, TX 75240-4344

Re: Temporary Abandonment API 15-093-21378-00-00 SHELL 3HI SW/4 Sec.04-25S-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 09/23/2022.

- * 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 09/23/2022.

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

Very truly yours,

Michael Maier"