## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                   |                   |                    |             | API No. 15        |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |       |
|--------------------------------------|-------------------|--------------------|-------------|-------------------|--------------|--------------------|------------------|----|--------|-----------------------|--|--|--|--------------|---------------|----------------|-------------|-------|-------|
|                                      |                   |                    |             |                   |              |                    |                  |    |        | Address 1:            |  |  |  |              | Se            | ec Twp.        | S. R.       |       | E _ W |
| Address 2:                           |                   |                    |             |                   |              | fee                |                  |    |        |                       |  |  |  |              |               |                |             |       |       |
| City:     Contact Person:     Phone: |                   |                    |             |                   |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |       |
|                                      |                   |                    |             |                   |              |                    |                  |    |        | Contact Person Email: |  |  |  |              |               |                |             |       |       |
|                                      |                   |                    |             |                   |              |                    |                  |    |        | Field Contact Person: |  |  |  | Well Type: ( | (check one) 🗌 | Oil 🗌 Gas 🗌 OG | s 🗌 wsw 🗌 c | ther: |       |
| Field Contact Person Phone:          |                   |                    |             |                   |              |                    | ENHR Permit      | #: |        |                       |  |  |  |              |               |                |             |       |       |
|                                      | ()                |                    |             |                   | 0            |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |       |
|                                      |                   |                    |             | Spud Date:        |              | Dat                | e Shut-In:       |    |        |                       |  |  |  |              |               |                |             |       |       |
|                                      | Conductor         | Surface            | Pro         | oduction          | Intermedi    | ate                | Liner            | -  | Tubing |                       |  |  |  |              |               |                |             |       |       |
| Size                                 |                   |                    |             |                   |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |       |
| Setting Depth                        |                   |                    |             |                   |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |       |
| Amount of Cement                     |                   |                    |             |                   |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |       |
| Top of Cement                        |                   |                    |             |                   |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |       |
| Bottom of Cement                     |                   |                    |             |                   |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |       |
| Casing Fluid Level from Surf         | ace:              | How D              | Determined? |                   |              |                    | Dat              | e: |        |                       |  |  |  |              |               |                |             |       |       |
| Casing Squeeze(s):                   | to w              | / sacks of o       | cement,     | to                | (bottom) w / | sacks              | s of cement. Dat | e: |        |                       |  |  |  |              |               |                |             |       |       |
| Do you have a valid Oil & Ga         | is Lease? 🗌 Yes [ | No                 |             |                   |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |       |
| Depth and Type: Dunk ir              | Hole at           | Tools in Hole at   | Ca          | sing Leaks:       | Yes No       | Depth of casing I  | eak(s):          |    |        |                       |  |  |  |              |               |                |             |       |       |
|                                      |                   |                    |             |                   |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |       |
| Type Completion: ALT.                |                   |                    |             |                   |              |                    | lepth)           | `  |        |                       |  |  |  |              |               |                |             |       |       |
| Packer Type:                         | Size:             |                    | Inch        | Set at:           |              | Feet               |                  |    |        |                       |  |  |  |              |               |                |             |       |       |
|                                      |                   | ck Depth:          |             | Plug Back Meth    | od:          |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |       |
| Total Depth:                         | Plug Ba           | ск Берин.          |             |                   |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |       |
|                                      | Plug Ba           |                    |             |                   |              |                    |                  |    |        |                       |  |  |  |              |               |                |             |       |       |
| Total Depth:                         |                   | Top Formation Base |             |                   | Com          | pletion Informatio | n                |    |        |                       |  |  |  |              |               |                |             |       |       |
| Total Depth:                         | Formation         | Top Formation Base | et Perfo    | ration Interval . |              | pletion Informatio |                  | te | oFee   |                       |  |  |  |              |               |                |             |       |       |

## 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 |

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



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

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

January 21, 2022

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

Re: Temporary Abandonment API 15-067-20622-00-00 GUY FAIRCHILD 3 SE/4 Sec.36-30S-36W Grant 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 01/21/2023.

\* 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 01/21/2023.

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

Very truly yours,

Michael Maier"