Form CP-111 July 2017 Form must be Typed Form must be signed

# TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

|  |                       |   |            | I               |                               |                       |   |
|--|-----------------------|---|------------|-----------------|-------------------------------|-----------------------|---|
| OPERATOR: License#                                     |                       |   |            | API No. 15      |                               |                       |   |
| Name:  |                       |   |            |                 | ription:                      |                       |   |
| Address 1:   |                       |   |            |                 |                               |                       | R                                       |
| Address 2:   |                       |   |            | 1               |                               |                       | I / S Line of Section W Line of Section |
| City:  | State:                | Zip: +  |            |                 | ion: Lat:                     |                       |   |
| Contact Person:  |                       |   |            | Datum:          | (e.g. xx.xxxx)<br>NAD27 NAD83 | x)<br>WGS84           | (e.gxxx.xxxxx)                          |
| Phone:( )  |                       |   |            |                 |                               |                       | GL                                      |
| Contact Person Email:                                  |                       |   |            | Lease Nan       | ne:                           | We                    | II #:                                   |
| Field Contact Person:                                  |                       |   |            |                 |                               |                       | Other:                                  |
| Field Contact Person Phone                             | e:()_                 |   |            |                 |                               |                       | mit #:                                  |
|  | ,                     |   |            |                 | orage Permit #:<br>:          |                       |   |
|  |                       |   |            | Spud Date       |                               | Date Shut-in          |   |
|  | Conductor             | Surface   | Pro        | oduction        | Intermediate                  | Liner                 | Tubing                                  |
| Size   |                       |   |            |                 |                               |                       |   |
| Setting Depth  |                       |   |            |                 |                               |                       |   |
| Amount of Cement                                       |                       |   |            |                 |                               |                       |   |
| Top of Cement  |                       |   |            |                 |                               |                       |   |
| Bottom of Cement                                       |                       |   |            |                 |                               |                       |   |
| Casing Fluid Level from Su                             | rface:                | How D   | etermined? |                 |                               |                       | Date:                                   |
| Casing Squeeze(s):                                     |                       |   |            |                 |                               |                       |   |
|  |                       | _   |            | (top)           | (bottom)                      |                       |   |
| Do you have a valid Oil & G                            |                       | _   |            |                 |                               |                       |   |
| Depth and Type:  | in Hole at            | Tools in Hole at                                      | Ca         | sing Leaks:     | Yes No Depth of               | f casing leak(s):     |   |
| Type Completion: ALT                                   |                       |   |            |                 |                               |                       |   |
| Packer Type:   |                       |   |            |                 |                               | (depth)               |   |
| Total Depth:   | Plug Bad              | ck Denth:   |            | Plug Back Meth  | ood:                          |                       |   |
|  | ug 2                  | <u></u>   |            |                 |                               |                       |   |
| Geological Date:                                       |                       |   |            |                 |                               |                       |   |
| Formation Name   | Formation             | Top Formation Base                                    |            |                 | Completion I                  | nformation            |   |
| 1  | At:                   | to Fee  | et Perfo   | ration Interval | to Fee                        | t or Open Hole Interv | al toFeet                               |
| 2  | At:                   | to Fee  | et Perfo   | ration Interval | to Fee                        | t or Open Hole Interv | al toFeet                               |
| LINDED DENALTY OF DE                                   | O ILIDV I HEDEDV ATTE | CT TUAT TUE INCODM                                    | IATION CO  | NTAINED HE      | DEIN IS TOLIE AND COL         |                       | OE MV KNOW! EDGE                        |
|  |                       |   |            |                 |                               |                       |   |
|  |                       | Submit  | ted Ele    | ctronical       | У                             |                       |   |
|  |                       |   |            |                 |                               |                       |   |
| Do NOT Write in This                                   | Date Tested:          |   | Results:   |                 | Date Plugged:                 | Date Repaired: Da     | te Put Back in Service:                 |
| Space - KCC USE ONLY                                   |                       |   | results.   |                 | Date i lugged.                | Date Repaired. Da     | te i ut back iii deivice.               |
| •  |                       |   |            |                 |                               |                       |   |
| Review Completed by:                                   |                       |   | Comr       | nents:          |                               |                       |   |
| TA Approved: Yes                                       | Denied Date:          |   |            |                 |                               |                       |   |
|  |                       | Mail to the Ap  | propriate  | KCC Conser      | vation Office:                |                       |   |
| Strains Spring Street State State State and Strains in | KCC Distr             | KCC District Office #1 - 210 E. Frontview, Suite A, I |            |                 | ity, KS 67801                 |                       | Phone 620.682.7933                      |
|  |                       | KCC District Office #2 - 3450 N. Rock Road, I         |            |                 | -                             | Phone 316.337.7400    |   |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

#### General

Well ID 125992 Well Bryant 3508 4-10H Company Sandridge Operator Bryant 3508 4-10H Lease Name Elevation 1286.00 ft Production Method Other Dataset Description

Comment

#### **Surface Unit**

Manufacturer Unit Class Conventional Unit API Number Measured Stroke Length 100.000 in CWRotation Counter Balance Effect (Weights Level) - \* - Klb Weight Of Counter Weights 2000 lb

## **Prime Mover**

Motor Type Electric Rated HP -\*- HP Run Time 24 hr/day MFG/Comment

\_ \* \_

## **Electric Motor Parameters**

Rated Full Load AMPS \_ \* \_ Rated Full Load RPM \_ \* \_ 1200 Synchronous RPM Voltage \_ \* \_ Hertz 60 Phase 3 Power Consumption 5 Power Demand 8 \$/KW

5500.00 ft

| Tubulars             |        |    |
|----------------------|--------|----|
| Tubing OD            | 2.875  | in |
| Casing OD            | 7.000  | in |
| Average Joint Length | 31.700 | ft |
| Anchor Depth         | -*-    | ft |
| Kelly Bushing        | 16.00  | ft |

### **Pump**

Plunger Diameter - \* - in Pump Intake Depth 5393.00 ft \*\*Total Rod Length < Pump Depth

#### **Polished Rod**

Polished Rod Diameter - \* - in

## **Rod String**

| O                |           |         |         |         |         |         |    |
|------------------|-----------|---------|---------|---------|---------|---------|----|
|                  | Top Taper | Taper 2 | Taper 3 | Taper 4 | Taper 5 | Taper 6 |    |
| Rod Type         | -*-       | -*-     | -*-     | -*-     | -*-     | -*-     |    |
| Rod Length       | _ * _     | _ * _   | _ * _   | -*-     | -*-     | -*-     | ft |
| Rod Diameter     | -*-       | _ * _   | _ * _   | -*-     | -*-     | -*-     | in |
| Rod Weight       | 0.0       | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | lb |
|                  |           |         |         |         |         |         |    |
| Total Rod Length | 0         |         |         |         |         |         |    |
| Total Rod Weight | 0.00      |         |         |         |         |         |    |
| Damp Up          | 0.05      |         |         |         |         |         |    |
| Damp Down        | 0.05      |         |         |         |         |         |    |

#### **Conditions**

| Pressure             |            |         | Production          |            |        |
|----------------------|------------|---------|---------------------|------------|--------|
| Static BHP           | 1101.2     | psi (g) | Oil Production      | 0          | BBL/D  |
| Static BHP Method    | Acoustic   |         | Water Production    | 1          | BBL/D  |
| Static BHP Date      | 10/19/2020 |         | Gas Production      | - * -      | Mscf/D |
|                      |            |         | Production Date     | 10/08/2019 |        |
| Producing BHP        | -*-        | psi (g) |                     |            |        |
| Producing BHP Method | - * -      |         | <b>Temperatures</b> |            |        |
| Producing BHP Date   | - * -      |         | Surface Temperature | 70         | dea F  |

#### **Surface Producing Pressures**

**Tubing Pressure** - \* - psi (g) Casing Pressure 213.7 psi (g)

Surface Temperature

Bottomhole Temperature

**Fluid Properties** 

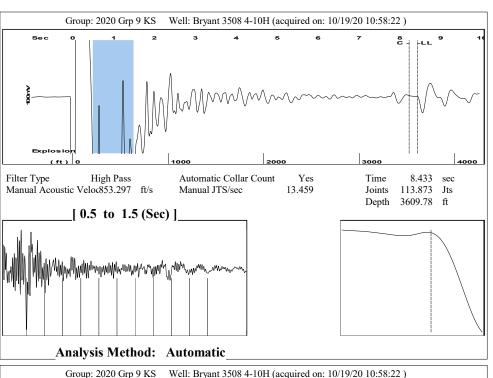
Oil API 40 deg.API Water Specific Gravity 1.05 Sp.Gr.H2O

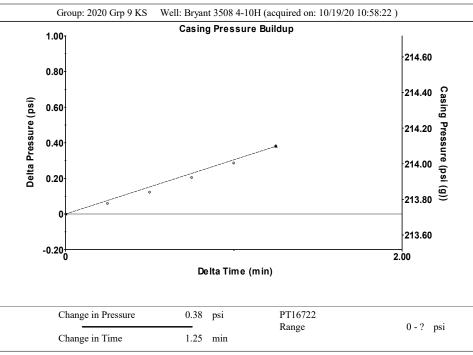
## **Casing Pressure Buildup**

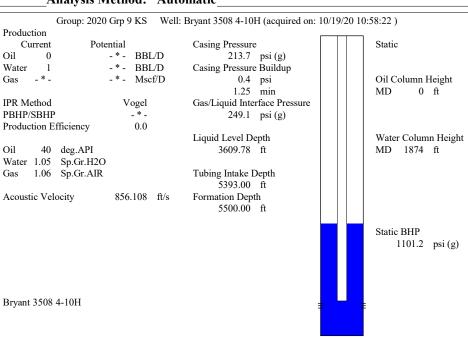
Formation Depth

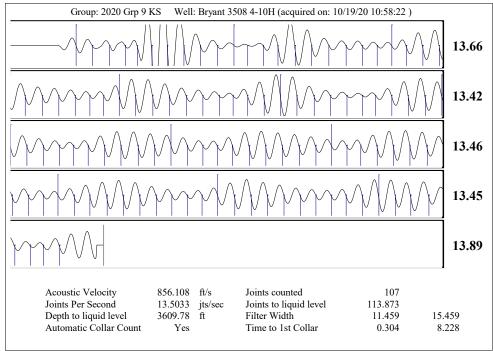
0.4 psi Change in Pressure Over Change in Time 1.25 min 70 deg F

150 deg F









Conservation Division District Office No. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226



Phone: 316-337-7400 Fax: 316-630-4005 http://kcc.ks.gov/

Laura Kelly, Governor

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

## 11/05/2020

Collette Davis
SandRidge Exploration and Production LLC
123 ROBERT S. KERR AVE
OKLAHOMA CITY, OK 73102-6406

Re: Temporary Abandonment API 15-077-21962-01-00 BRYANT 3508 4-10H NE/4 Sec.10-35S-08W Harper County, Kansas

## Dear Collette Davis:

"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 11/05/2021.

- \* 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 11/05/2021.

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

Very truly yours,

Steve VanGieson"