## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Zip: +                       |           | GPS Locati<br>Datum:<br>County:<br>Lease Nam<br>Well Type: (<br>SWD Pe<br>Gas Sto               | on lat                                                       | ec `<br>.g. xx.xxxxx)<br>B83 WG<br>Elevatio<br>DilGas | Twp.      S.         feet from                                      | E. R<br>N / □S<br>E / □W<br>(e.g∞<br>/ell #:<br>/ell #:<br>Other:<br>ermit #: | E V<br>Line of Section<br>Line of Section<br>(Line of Section<br>(CALCORN)<br>GL KH |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Address 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Zip: +                       |           | GPS Locati<br>Datum:<br>County:<br>Lease Nam<br>Well Type: (<br>SWD Pe<br>Gas Sto<br>Spud Date: | on: Lat:<br>NAD27                                            | .g. xx. xxxxx)<br>D83                                 | _ feet from                                                         | N / S<br>E / W<br>(e.gxx<br>/ell #:<br>Other:<br>ermit #:                     | Line of Section<br>Line of Section<br>(                                             |
| City: State:<br>Contact Person:<br>Phone:( )<br>Contact Person Email:<br>Field Contact Person Phone: ( )<br>Field Contact Person Phone: ( )<br>Conductor<br>Size<br>Setting Depth<br>Amount of Cement<br>Bottom of Cement<br>Casing Fluid Level from Surface: | Zip: +                       |           | GPS Locati<br>Datum:<br>County:<br>Lease Nam<br>Well Type: (<br>SWD Pe<br>Gas Sto<br>Spud Date: | on: Lat:<br>NAD27                                            | .g. xx.xxxxx)<br>D83                                  | - feet from                                                         | E / W<br>(e.gxx<br>/ell #:<br>Other:<br>ermit #:                              | / Line of Sectio                                                                    |
| Contact Person:<br>Phone:( )<br>Contact Person Email:<br>Field Contact Person:<br>Field Contact Person Phone:( )<br>Field Contact Person Phone:( )<br>Conductor<br>Size<br>Setting Depth<br>Amount of Cement<br>Top of Cement<br>Bottom of Cement<br>Casing Fluid Level from Surface:                                                                                                                                                                                                                                                                                                                                                                                                             | ·                            |           | Datum:<br>County:<br>Lease Nam<br>Well Type: (<br>SWD Pe<br>Gas Sto<br>Spud Date:               | on: Lat:<br>NAD27                                            | .g. xx.xxxx)<br>D83                                   | , Long:<br>S84<br>m: We<br>OG WSW [<br>ENHR Pe<br><br>Date Shut-In: | (e.gxx<br>/ell #:<br>Other:<br>ermit #:                                       | axxxxxx)                                                                            |
| Phone:( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |           | Datum:<br>County:<br>Lease Nam<br>Well Type: (<br>SWD Pe<br>Gas Sto<br>Spud Date:               | (e.<br>NAD27 NA                                              | .g. xx.xxxx)<br>D83                                   | :S84<br>                                                            | (e.gxx<br>/ell #:<br>Other:<br>ermit #:                                       | GL K                                                                                |
| Contact Person Email:<br>Field Contact Person:<br>Field Contact Person Phone: ( )<br>Conductor<br>Size<br>Setting Depth<br>Amount of Cement<br>Top of Cement<br>Bottom of Cement<br>Casing Fluid Level from Surface:                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |           | County:<br>Lease Nam<br>Well Type: (<br>SWD Pe<br>Gas Sto<br>Spud Date:                         | e: Check one) C<br>ermit #:<br>orage Permit #:               | Elevatio                                              | n: W<br>]OG WSW [<br>ENHR Pe<br><br>Date Shut-In:                   | /ell #:<br>Other: _<br>ermit #:                                               |                                                                                     |
| Field Contact Person Phone: ( )         Field Contact Person Phone: ( )         Field Contact Person Phone: ( )         Conductor         Size         Setting Depth         Amount of Cement         Top of Cement         Bottom of Cement         Casing Fluid Level from Surface:                                                                                                                                                                                                                                                                                                                                                                                                             |                              |           | Lease Nam<br>Well Type: (<br>SWD Pe<br>Gas Sto<br>Spud Date:                                    | e: C<br><i>icheck one)</i> ()<br>ermit #:<br>orage Permit #: | Dil Gas                                               | Wi<br>]OG                                                           | /ell #:<br>Other: _<br>ermit #:                                               |                                                                                     |
| Field Contact Person Phone: ( )         Conductor         Size         Setting Depth         Amount of Cement         Top of Cement         Bottom of Cement         Casing Fluid Level from Surface:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |           | SWD Pe                                                                                          | ermit #:<br>orage Permit #:                                  |                                                       | Date Shut-In: _                                                     | ermit #:                                                                      |                                                                                     |
| Field Contact Person Phone: ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |           | Gas Sto<br>Spud Date:                                                                           | orage Permit #:                                              |                                                       | Date Shut-In:                                                       |                                                                               |                                                                                     |
| Conductor       Size       Setting Depth       Amount of Cement       Top of Cement       Bottom of Cement       Casing Fluid Level from Surface:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              | Pro       | Spud Date:                                                                                      |                                                              |                                                       | Date Shut-In: _                                                     |                                                                               |                                                                                     |
| Size Setting Depth Amount of Cement Top of Cement Bottom of Cement Casing Fluid Level from Surface:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Surface                      | Pro       |                                                                                                 |                                                              |                                                       |                                                                     |                                                                               |                                                                                     |
| Size       Setting Depth       Amount of Cement       Top of Cement       Bottom of Cement       Casing Fluid Level from Surface:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Surface                      | Pro       | oduction                                                                                        | Intermedia                                                   | ate                                                   | Liner                                                               |                                                                               | Tubing                                                                              |
| Setting Depth Amount of Cement Top of Cement Bottom of Cement Casing Fluid Level from Surface:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |           |                                                                                                 |                                                              |                                                       |                                                                     |                                                                               |                                                                                     |
| Amount of Cement Top of Cement Bottom of Cement Casing Fluid Level from Surface:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |           |                                                                                                 |                                                              |                                                       |                                                                     |                                                                               |                                                                                     |
| Top of Cement Bottom of Cement Casing Fluid Level from Surface:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |           |                                                                                                 |                                                              |                                                       |                                                                     |                                                                               |                                                                                     |
| Bottom of Cement Casing Fluid Level from Surface:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |           |                                                                                                 |                                                              |                                                       |                                                                     |                                                                               |                                                                                     |
| Casing Fluid Level from Surface:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |           |                                                                                                 |                                                              |                                                       |                                                                     |                                                                               |                                                                                     |
| ů –                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |           |                                                                                                 |                                                              |                                                       |                                                                     |                                                                               |                                                                                     |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | How De                       | termined? |                                                                                                 |                                                              |                                                       |                                                                     | Date:                                                                         |                                                                                     |
| Casing Squeeze(s): to w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |           |                                                                                                 |                                                              |                                                       |                                                                     |                                                                               |                                                                                     |
| Do you have a valid Oil & Gas Lease?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No                           |           |                                                                                                 |                                                              |                                                       |                                                                     |                                                                               |                                                                                     |
| Depth and Type: U Junk in Hole at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Tools in Hole at             | Ca        | sing Leaks:                                                                                     | Yes No                                                       | Depth of cas                                          | ing leak(s):                                                        |                                                                               |                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |           |                                                                                                 |                                                              |                                                       |                                                                     |                                                                               |                                                                                     |
| Type Completion: ALT. I ALT. II Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ,                            |           |                                                                                                 |                                                              |                                                       | (depth)                                                             |                                                                               | - Sack of Cerner                                                                    |
| Packer Type: Size: _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              | Inch      | Set at:                                                                                         |                                                              | _ Feet                                                |                                                                     |                                                                               |                                                                                     |
| Total Depth: Plug Ba                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ack Depth:                   |           | Plug Back Meth                                                                                  | od:                                                          |                                                       |                                                                     |                                                                               |                                                                                     |
| Geological Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |           |                                                                                                 |                                                              |                                                       |                                                                     |                                                                               |                                                                                     |
| Formation Name Formation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Formation Top Formation Base |           |                                                                                                 | Completion Information                                       |                                                       |                                                                     |                                                                               |                                                                                     |
| 1 At:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | to Feet                      | Perfo     | ration Interval                                                                                 | to                                                           | Feet or                                               | Open Hole Inter                                                     | val                                                                           | toFee                                                                               |
| 2 At:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | to Feet                      | Perfo     | ration Interval -                                                                               | to                                                           | Feet or                                               | Open Hole Inter                                                     | val                                                                           | - toFee                                                                             |

# 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:

| $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 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/

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Annie Kuether, Commissioner Laura Kelly, Governor

### 03/05/2024

Mikey Pham Scout Energy Management LLC 13800 MONTFORT DRIVE SUITE 100 DALLAS, TX 75240-4344

Re: Temporary Abandonment API 15-081-00118-00-00 BARBEE A 1 NW/4 Sec.20-27S-32W Haskell County, Kansas

Dear Mikey Pham:

"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 03/05/2025.

\* 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 03/05/2025.

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

Very truly yours,

Michael Maier"