

In checking this box the Buying Operator's acknowledges the subsequent liability pursuant to Rule 218.d.(1).D.ii.

Rule 218.d.(1).D.iii.

"For Transferable Items not listed in Rule 218.d.(1).B.i-iii but Related in the Commission's records, an acknowledgment that the Commission will presume that the Transferable Item was transferred, and that the Buying Operator is responsible for compliance with the Act, the Commission's Rules, and all terms and conditions of existing Permits and Commission orders for the Transferable Items."

In checking this box the Buying Operator's acknowledges the subsequent liability pursuant to Rule 218.d.(1).D.iii.

SUBMITTAL

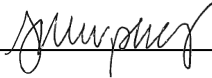
OPERATOR COMMENT AND SUBMITTAL

See Kinder Morgan's approved Form 3 and Form 3A for a complete summary of all financial assurance held by KM.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Jenna Emerick Email: jenna_emerick@kindermorgan.com

Title: EHS Specialist Date: 11/19/2025

ECMC Approved: 

Title: Director of ECMC

Date: 11/24/2025

Wells & Facilities Transferred Summary

1	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	033-06027	265319	381547	FEDERAL 24-40-17 #1	SWSE	24	40N	17W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	DOLORES	FEDERAL LEASE C13359	10817	SHELL USA, INC.					

Incidents Transferred Summary

1	<u>Document Numbers</u>	<u>Incident Type</u>	<u>Incident Date</u>	<u>Current Op #</u>	<u>Current Op. Name</u>
	714002105	INSPECTION WITH CORRECTIVE ACTION	04/23/2025	10817	SHELL USA INC.

Related Wells & Facilities Not Transferred Summary

< No row provided >

Related Incidents Not Transferred Summary

< No row provided >

Wells & Facilities Proposed Not Transferred Summary

< No row provided >

Incidents Proposed Not Transferred Summary

< No row provided >

ATTACHMENT LIST

Att Doc Num	Name
404438009	Form 09 SUBMITTED
404438364	EDD-S-WELLS-FACILITIES-TRANSFERRED
404438392	EDD-S-INCIDENTS-TRANSFERRED
404442908	FORM 9 SUBSEQUENT ATTESTATION
404442911	BUYER NOTIFIED LOCAL GOVT ATTESTATION

Total Attach: 5 Files

COA Type

Description

0 COA

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Financial Assurance	Transfer to update original well transfer. This well is Fed/Fed	11/24/2025
Total: 1 comment(s)		