June 2011 Form must be Typed

Form must be signed TEMPORARY ABANDONMENT WELL APPLICATION All blanks must be complete OPERATOR: License# \_\_\_\_\_ API No. 15-Spot Description: \_\_\_ \_ - \_\_\_ - \_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_ 🗌 E 🦳 W Address 1: \_\_\_\_\_ feet from N / S Line of Section Address 2: \_\_\_\_\_ feet from E / W Line of Section \_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_ \_ \_ \_ \_ GPS Location: Lat: \_\_\_\_\_\_\_, Long: \_\_\_\_\_\_\_, (e.g. xxxxxxxx) Contact Person: \_\_\_ Datum: NAD27 NAD83 WGS84 Phone:( \_\_\_\_\_ ) \_\_\_ \_\_\_\_\_ Elevation:\_\_\_\_ \_\_\_\_ GL KB Lease Name: \_\_\_ Contact Person Email: \_\_\_ Well Type: (check one) Oil Gas OG WSW Other: Field Contact Person: \_\_\_\_ Field Contact Person Phone: ( \_\_\_\_\_ ) \_\_\_\_ Gas Storage Permit #:\_\_\_\_ Spud Date: \_\_\_ \_\_\_ Date Shut-In: \_ Tubing Conductor Surface Production Intermediate Liner Setting Depth Amount of Cement Top of Cement **Bottom of Cement** Casing Fluid Level from Surface:\_\_\_\_\_ \_\_\_ How Determined? \_\_\_\_ Casing Squeeze(s): \_\_\_\_\_ to \_\_\_\_ w / \_\_\_\_ sacks of cement, \_\_\_\_ to \_\_\_\_ w / \_\_\_\_ sacks of cement. Date: \_\_\_ Do you have a valid Oil & Gas Lease? Yes No Depth and Type: 

Junk in Hole at \_\_\_\_\_ Tools in Hole at \_\_\_\_\_ Casing Leaks: 
Yes No Depth of casing leak(s): \_\_\_\_\_ 
Type Completion: 
ALT. I ALT. II Depth of: 
DV Tool: \_\_\_\_\_ w / \_\_\_\_\_ sacks of cement 
Port Collar: \_\_\_\_\_ w / \_\_\_\_ sack of cement \_\_ Size: \_\_\_ \_\_ Inch Set at: \_\_\_ Packer Type: \_\_\_ \_\_\_ Plug Back Method: \_\_\_ Total Depth: \_\_ Plug Back Depth: \_\_\_ Geological Date: **Formation Name** Formation Top Formation Base Completion Information \_\_\_ At: \_\_\_\_\_ to \_\_\_\_\_ Feet Perforation Interval \_\_\_\_ \_\_\_\_to\_\_\_\_\_ Feet or Open Hole Interval \_\_\_\_\_ to \_\_\_\_\_ Feet \_\_\_\_\_ At: \_\_\_\_\_ to \_\_\_\_\_ Feet Perforation Interval \_\_\_\_\_ to \_\_\_\_ Feet or Open Hole Interval \_\_\_\_ OF DED HIDV I DEDEDY ATTECT THAT THE INFORMATION CONTAINED DEDEIN IC TOHE AND CODDECT TO THE DECT OF MY VNIOWI FOCE Submitted Electronically

Size

Do NOT Write in This 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:



Conservation Division District Office No. 3 1500 W. Seventh Chanute, KS 66720



Phone: 620-432-2300 Fax: 620-432-2309 http://kcc.ks.gov/

Sam Brownback, Governor

Jay Scott Emler, Chairman Shari Feist Albrecht, Commissioner Pat Apple, Commissioner

August 31, 2016

Steve Leis Leis, Steven A. 1135 30TH RD YATES CENTER, KS 66783

Re: Temporary Abandonment API 15-207-23726-00-00 EGGERS 2 NE/4 Sec.33-25S-15E Woodson County, Kansas

## Dear Steve Leis:

"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 08/31/2017.

- \* 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 08/31/2017.

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

Very truly yours,

Ryan Duling"