#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#            |                              |                  |           |         | API No. 15                      |                 |             |                  |        |        |        |
|-------------------------------|------------------------------|------------------|-----------|---------|---------------------------------|-----------------|-------------|------------------|--------|--------|--------|
| Name:                         |                              |                  |           |         | Spot Description:               |                 |             |                  |        |        |        |
| Address 1:                    |                              |                  |           |         | Sec Twp S. R E 	[ W ]           |                 |             |                  |        |        |        |
|                               |                              |                  |           |         |                                 |                 |             |                  |        |        | City:  |
| Contact Person:               |                              |                  |           |         | GPS Location: Lat:              |                 |             |                  |        |        |        |
|                               |                              |                  |           |         |                                 |                 |             |                  |        |        |        |
| Field Contact Person:         |                              |                  |           |         | Well Type: (                    | check one) 🗌    | Oil Gas     |                  | Other: |        |        |
| Field Contact Person Phone:   |                              |                  |           |         | SWD Permit #:    ENHR Permit #: |                 |             |                  |        |        |        |
|                               | //                           |                  |           |         |                                 | rage Permit #:_ |             |                  |        |        |        |
|                               |                              |                  |           |         | Spud Date:                      |                 |             | Date Shut-In:    |        |        |        |
|                               | Conductor                    | Surfa            | ice       | Proc    | duction                         | Intermedi       | ate         | Liner            |        | Tubing |        |
| Size                          |                              |                  |           |         |                                 |                 |             |                  |        |        |        |
| Setting Depth                 |                              |                  |           |         |                                 |                 |             |                  |        |        |        |
| Amount of Cement              |                              |                  |           |         |                                 |                 |             |                  |        |        |        |
| Top of Cement                 |                              |                  |           |         |                                 |                 |             |                  |        |        |        |
| Bottom of Cement              |                              |                  |           |         |                                 |                 |             |                  |        |        |        |
| Casing Fluid Level from Surfa | ce.                          |                  | How Deter | rmined? |                                 |                 |             |                  | Date:  |        |        |
| Casing Squeeze(s):            |                              |                  |           |         |                                 |                 |             |                  |        |        |        |
| Do you have a valid Oil & Gas | Lease? Yes                   | No               |           |         |                                 |                 |             |                  |        |        |        |
| Depth and Type: 🗌 Junk in     | Hole at                      | Tools in Ho      | le at     | _ Cas   | ing Leaks:                      | Yes No          | Depth of ca | sing leak(s):    |        |        |        |
| Type Completion: ALT. I       |                              |                  |           |         |                                 |                 |             |                  |        |        | cement |
| Packer Type:                  |                              |                  |           |         |                                 |                 |             | (depth)          |        |        |        |
|                               |                              | Plug Back Depth: |           |         |                                 |                 |             |                  |        |        |        |
| Geological Date:              |                              |                  |           |         |                                 |                 |             |                  |        |        |        |
| Formation Name                | Formation Top Formation Base |                  |           |         | Completion Information          |                 |             |                  |        |        |        |
|                               | At:                          | to               | Feet      | Perfora | ation Interval _                | to              | Feet or     | Open Hole Interv | val    | to     | Feet   |
| 1                             |                              |                  |           |         |                                 |                 |             |                  |        | - to   |        |

## 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:

| There have not not us an inter such and there was not been and  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |  |
|---|--|--------------------|--|
| Norm    Norm <td< th=""><td>KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226</td><td>Phone 316.337.7400</td></td<>                              | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |  |
| Image    Image <th< td=""><td>KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720</td><td>Phone 620.902.6450</td></th<> | 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 |  |

### STATE OF KANSAS

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



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

GOVERNOR JEFF COLYER, M.D. Shari Feist Albrecht, Chair | Jay Scott Emler, Commissioner | Dwight D. Keen, Commissioner

September 18, 2018

Brian J McCoy Edison Operating Company LLC 8100 E. 22ND ST. N., BLDG 1900 WICHITA, KS 67226

Re: Temporary Abandonment API 15-081-21230-00-01 MLP LESLIE 1-26 SE/4 Sec.26-29S-34W Haskell County, Kansas

Dear Brian J McCoy:

"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 09/18/2019.

\* 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 09/18/2019.

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

Very truly yours,

Michael Maier"