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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

July 2017
Form must be Typed
Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

Form must be signed
All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#   |                        |   |               | API No. 15-  |                          |                       |                         |  |           |         |       |            |              |               |        |
|--|------------------------|---|---------------|--|--------------------------|-----------------------|-------------------------|--|-----------|---------|-------|------------|--------------|---------------|--------|
| Name:  |                        |   |               | Spot Description:  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Address 1:   |                        |   |               | Sec Twp S. R E _ W   |                          |                       |                         |  |           |         |       |            |              |               |        |
| Address 2:   |                        |   |               |  |                          | feet from N           | I / S Line of Section   |  |           |         |       |            |              |               |        |
| City:  |                        |   |               | GPS Location: Lat:   |                          |                       |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       |                         |  |           |         | GL KB |            |              |               |        |
|  |                        |   |               |  | e:                       |                       |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               | Well Type: (check one) Oil Gas OG WSW Other:  SWD Permit #: ENHR Permit #:  Gas Storage Permit #:  Spud Date:  Date Shut-In: |                          |                       |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       |                         |  |           |         |       | Spud Date: |              | Date Shut-In: |        |
|  |                        |   |               |  |                          |                       |                         |  | Conductor | Surface | Pr    | oduction   | Intermediate | Liner         | Tubing |
|  |                        |   |               | Size   |                          |                       |                         |  |           |         |       |            |              |               |        |
| Setting Depth  |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Amount of Cement   |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Top of Cement  |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Bottom of Cement   |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Casing Fluid Lavel from Su   | rface:                 | How   | Determined?   | )  |                          | r                     | Jato:                   |  |           |         |       |            |              |               |        |
| Casing Fluid Level from Surface:                                   |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| (top)  | (bottom)               |   |               | (top)  | (bottom)                 | 00010 01 001110111. 1 | <u> </u>                |  |           |         |       |            |              |               |        |
| Do you have a valid Oil & G  | Sas Lease? Yes         | No  |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Depth and Type:  | in Hole at [           | Tools in Hole at                            | Ca            | sing Leaks:  | Yes No Depth o           | f casing leak(s):     |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       | sack of cement          |  |           |         |       |            |              |               |        |
| Packer Type:   |                        |   |               |  |                          | (******)              |                         |  |           |         |       |            |              |               |        |
| Total Depth:   | Plug Ba                | ck Depth:                                   |               | Plug Back Meth   | od:                      |                       |                         |  |           |         |       |            |              |               |        |
| Geological Date:   |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Formation Name Formation Top Formation Base Completion Information |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| 1  | At: to Feet Perfo      |   |               | oration Interval to Feet or Open Hole Interval to Feet   |                          |                       |                         |  |           |         |       |            |              |               |        |
| 2  | At:                    | to F  | eet Perfo     | ration Interval  | to Feet                  | or Open Hole Interva  | al toFeet               |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| IINDED DENALTY OF DE   | O IIIDV I LIEDEDV ATTE | ECT TUAT TUE INCOC                          | MATION CO     | NITAINED HEE   | EIN ICTUIE AND COD       | DECTTO THE DEST       | OE MA KNOMI EDGE        |  |           |         |       |            |              |               |        |
|  |                        | Subm  | itted Ele     | ctronicall   | y                        |                       |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
|  |                        |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Do NOT Write in This Date Tested: Results:  Space - KCC USE ONLY   |                        |   |               |  | Date Plugged:            | Date Repaired: Date   | te Put Back in Service: |  |           |         |       |            |              |               |        |
| Space - NOO OOL ONLI   |                        | _   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
| Review Completed by:   |                        |   | Comr          | nents:   |                          |                       |                         |  |           |         |       |            |              |               |        |
| TA Approved: Yes   | Denied Date:           |   |               |  |                          |                       |                         |  |           |         |       |            |              |               |        |
|  |                        | Mail to the A                               | Appropriate   | KCC Conserv  | vation Office:           |                       |                         |  |           |         |       |            |              |               |        |
| Stepper State State State State State State States                 | KCC Distr              | rict Office #1 - 210 E. I                   | Frontview, Su | ite A, Dodge C   | ty, KS 67801             |                       | Phone 620.682.7933      |  |           |         |       |            |              |               |        |
|  | KCC Disti              | KCC District Office #2 - 3450 N. Rock Road, |               |  | Suite 601, Wichita, KS 6 | 7226                  | 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

Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-261-6250 Fax: 785-625-0564 http://kcc.ks.gov/

Laura Kelly, Governor

Dwight D. Keen, Chair Shari Feist Albrecht, Commissioner Susan K. Duffy, Commissioner

October 01, 2019

Shawn Evans Shawn D. Evans Inc. dba ACE Oil Company 18529 WALTERS RD PO BOX 606 RUSSELL, KS 67665-0606

Re: Temporary Abandonment API 15-167-00564-00-00 S & S A 1 SW/4 Sec.36-12S-15W Russell County, Kansas

## Dear Shawn Evans:

"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 10/01/2020.

- \* 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 10/01/2020.

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

Very truly yours,

**RICHARD WILLIAMS** "