KOLAR Document ID: 1486608

Kansas Corporation Commission Oil & Gas Conservation Division

## TEMPORARY ABANDONMENT WELL APPLICAT

OPERATOR: License#

| ION COMMISSION                 | July 2017                       |
|--------------------------------|---------------------------------|
| EVATION DIVISION               | Form must be Typed              |
|                                | Form must be signed             |
| ENT WELL APPLICATION           | All blanks must be complete     |
|                                |                                 |
| API No. 15-                    |                                 |
| Spot Description:              |                                 |
| Sec                            | Twp S. R 🗌 E 🔲 W                |
|                                | feet from N / S Line of Section |
|                                | feet from E / W Line of Section |
| GPS Location: Lat:             | , Long:                         |
| Datum: NAD27 NAD83 WG          |                                 |
| County: Elevation              | n: GL                           |
| Lease Name:                    | Well #:                         |
| Well Type: (check one) Oil Gas | OG WSW Other:                   |
| SWD Permit #:                  | ENHR Permit #:                  |
| Gas Storage Permit #:          |                                 |
| Spud Date:                     | Date Shut-In:                   |

| Name:                                                      |                       |               |          |        | Spot Descr                                                         | ription:       |                   |            |              |           |
|------------------------------------------------------------|-----------------------|---------------|----------|--------|--------------------------------------------------------------------|----------------|-------------------|------------|--------------|-----------|
| Address 1:                                                 |                       |               |          |        |                                                                    | •              | Twp               | S. R       |              | E W       |
| Address 2:                                                 |                       |               |          |        |                                                                    |                | feet from         | = =        | =            |           |
| City:                                                      | State:                | _ Zip:        | +        |        |                                                                    |                | feet from         |            | 」W Line o    | f Section |
| Contact Person:                                            |                       |               |          |        |                                                                    | ion: Lat:      | , Long:           | (e.        | gxxx.xxxxx)  |           |
| Phone:( )                                                  |                       |               |          |        |                                                                    | <del></del>    | _ Elevation:      |            | □GL          | . ∏ KB    |
| Contact Person Email:                                      |                       |               |          |        | Lease Name: Well #:                                                |                |                   |            |              |           |
| Field Contact Person:                                      |                       |               |          |        | Well Type: (check one)  Oil  Gas  OG  WSW  Other:                  |                |                   |            |              |           |
| Field Contact Person Phon                                  |                       |               |          |        | □ SWD Permit #:         □ ENHR Permit #:                           |                |                   |            |              |           |
|                                                            | J.(                   |               |          |        | ☐ Gas Storage Permit #:           Spud Date:         Date Shut-In: |                |                   |            |              |           |
|                                                            |                       |               |          |        | Spud Date.                                                         |                | Date Shut-        | ·In:       |              |           |
|                                                            | Conductor             | Surfac        | ce       | Pro    | duction                                                            | Intermediate   | Liner             |            | Tubing       |           |
| Size                                                       |                       |               |          |        |                                                                    |                |                   |            |              |           |
| Setting Depth                                              |                       |               |          |        |                                                                    |                |                   |            |              |           |
| Amount of Cement                                           |                       |               |          |        |                                                                    |                |                   |            |              |           |
| Top of Cement                                              |                       |               |          |        |                                                                    |                |                   |            |              |           |
| Bottom of Cement                                           |                       |               |          |        |                                                                    |                |                   |            |              |           |
| Depth and Type:  Junk  Type Completion:  ALT  Packer Type: | T. I ALT. II Depth of | of: DV Tool:  | :(depth) | w/_    | sacks                                                              | s of cement Po | rt Collar:(depth) |            |              | of cement |
| Total Depth:                                               | Plug Ba               | ck Depth:     |          | F      | Plug Back Metho                                                    | .od:           |                   |            |              |           |
| Geological Date:                                           |                       |               |          |        |                                                                    |                |                   |            |              |           |
| Formation Name                                             | Formation             | Top Formation | n Base   |        |                                                                    | Comple         | tion Information  |            |              |           |
| 1                                                          | At:                   | to            | Feet     | Perfor | ration Interval .                                                  | to             | Feet or Open Hole | Interval   | to           | Feet      |
| 2                                                          | At:                   | to            | Feet     | Perfor | ration Interval -                                                  | to             | Feet or Open Hole | Interval   | to           | Feet      |
| UNDER RENALTY OF REI                                       |                       |               |          |        |                                                                    |                |                   |            | <b></b>      |           |
| HINDER BENALTY OF THE                                      | 3 IIIOV I UEBLEV A    |               |          |        | ctronically                                                        |                | CORRECTIONS       | DECT AL MA | V I/Alfman . | ENCE      |
| Do NOT Write in This<br>Space - KCC USE ONLY               | Date Tested:          |               | Res      | ults:  |                                                                    | Date Plugged:  | Date Repaired:    | Date Put   | Back in Serv | vice:     |
| Review Completed by:                                       |                       |               |          | _ Comm | ients:                                                             |                |                   |            |              |           |
| 1 ' '                                                      |                       |               |          |        |                                                                    |                |                   |            |              |           |

| 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:



| 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. 3 137 E. 21st Street Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

Laura Kelly, Governor

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

January 02, 2020

REX R. ASHLOCK Colt Energy Inc PO BOX 388 IOLA, KS 66749-0388

Re: Temporary Abandonment API 15-125-28542-00-01 TORRENS 14 NW/4 Sec.32-32S-15E Montgomery County, Kansas

## Dear REX R. ASHLOCK:

- "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 01/02/2021.
- \* 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 01/02/2021.

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

Very truly yours,

**Duane Sims**"