## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#              |                                  |                 |                        | API No. 15-   |                |                     |                |        |           |
|---------------------------------|----------------------------------|-----------------|------------------------|---|----------------|---------------------|----------------|--------|-----------|
| Name:                           |                                  |                 |                        | Spot Descrip  | otion:         |                     |                |        |           |
| Address 1:                      |                                  |                 |                        |   | Se             | ec Twp              | S. R.          |        | E W       |
| Address 2:                      |                                  |                 |                        |   |                | feet                |                |        |           |
| City:                           | State:                           | Zip:            | _ +                    | feet from E /W Line of Section                                    |                |                     |                |        |           |
| Contact Person: Contact Person: |                                  |                 |                        | GPS Location: Lat:, Long:, e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84 |                |                     |                |        |           |
| Phone:()                        |                                  |                 |                        |   |                | Elevation:          |                | G      | ы. Пкв    |
| Contact Person Email:           |                                  |                 |                        |   |                |                     |                |        |           |
| Field Contact Person:           |                                  |                 |                        | Well Type: (a   | check one) 🗌 ( | Oil 🗌 Gas 🗌 OG 🛛    | wsw 🗆 c        | other: |           |
| Field Contact Person Phon       |                                  |                 |                        | SWD Permit #: ENHR Permit #:                                      |                |                     |                |        |           |
|                                 | .()                              |                 |                        |   |                |                     | _              |        |           |
|                                 |                                  |                 |                        | Spud Date:_   |                | Date                | Shut-In:       |        |           |
|                                 | Conductor                        | Surface         | Pi                     | oduction  | Intermedia     | ate                 | Liner          | Tubin  | ıg        |
| Size                            |                                  |                 |                        |   |                |                     |                |        |           |
| Setting Depth                   |                                  |                 |                        |   |                |                     |                |        |           |
| Amount of Cement                |                                  |                 |                        |   |                |                     |                |        |           |
| Top of Cement                   |                                  |                 |                        |   |                |                     |                |        |           |
| Bottom of Cement                |                                  |                 |                        |   |                |                     |                |        |           |
| Casing Fluid Level from Su      | irface.                          |                 | How Determined         | 2   |                |                     | Dat            | ·•·    |           |
| Casing Squeeze(s):              |                                  |                 |                        |   |                |                     |                |        |           |
| Do you have a valid Oil & O     | Gas Lease? Yes                   | No              |                        |   |                |                     |                |        |           |
| Depth and Type:                 | in Hole at                       | Tools in Hole a | it C:                  | asing Leaks   | Yes No         | Depth of casing lea | ak(s).         |        |           |
| Depth and Type: Unk             |                                  |                 |                        |   |                |                     |                |        |           |
| Type Completion: AL             |                                  |                 |                        |   |                |                     | w /            | sack   | of cement |
| Packer Type:                    | Size: _                          |                 | Inch                   | Set at:   |                | Feet                |                |        |           |
| Total Depth:                    | Plug B                           | ack Depth:      |                        | Plug Back Metho   | od:            |                     |                |        |           |
| Geological Date:                |                                  |                 |                        |   |                |                     |                |        |           |
| Formation Name                  | ame Formation Top Formation Base |                 | Completion Information |   |                |                     |                |        |           |
|                                 | â :                              | to              | Feet Perf              | oration Interval  | to             | Feet or Open        | Hole Interval_ | to     | Feet      |
| 1                               | At:                              |                 |                        |   |                |                     |                |        |           |

## 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:

|  | 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/

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

January 23, 2020

JIM THWEATT Trimble & Maclaskey Oil LLC 110 SOUTH ST PO BOX 171 GRIDLEY, KS 66852-0171

Re: Temporary Abandonment API 15-207-19228-00-00 AKINS 19 SE/4 Sec.19-25S-14E Woodson County, Kansas

Dear JIM THWEATT:

"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 01/23/2021.

\* 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 01/23/2021.

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

Very truly yours,

Mike Heffern"