# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#           |                  |                              |              | API No. 15          |  |                 |              |                |          |    |         |        |
|------------------------------|------------------|------------------------------|--------------|---------------------|--|-----------------|--------------|----------------|----------|----|---------|--------|
|                              |                  |                              |              |                     | Spot Description:  |                 |              |                |          |    |         |        |
|                              |                  |                              |              |                     |  |                 |              |                |          |    |         |        |
|                              |                  |                              |              |                     | feet from N / S Line of Section  |                 |              |                |          |    |         |        |
| City:                        | State:           | Zip:                         | +            |                     |  |                 |              |                |          |    |         |        |
|                              |                  |                              |              |                     |  |                 |              |                |          |    |         |        |
| Contact Person: Phone:( )    |                  |                              |              |                     | Datum: NAD27 NAD83 WGS84<br>County: Elevation: GL KB   |                 |              |                |          |    |         |        |
| Contact Person Email:        |                  |                              |              |                     | County       Levalion       Well         Lease Name:        Well #:         Well Type: (check one)       Oil       Gas       OG       WSW       Other:         SWD Permit #: |                 |              |                |          |    |         |        |
| Field Contact Person:        |                  |                              |              |                     |  |                 |              |                |          |    |         |        |
| Field Contact Person Phor    |                  |                              |              |                     |  |                 |              |                |          |    |         |        |
| Field Contact Person Pho     | le. ( )          |                              |              |                     |  | rage Permit #:_ |              |                |          |    |         |        |
|                              |                  |                              |              |                     | Spud Date:   |                 |              | Date Shut-In   |          |    |         |        |
|                              | Conductor        | Surfa                        | ace          | Pro                 | duction  | Intermedi       | ate          | Liner          |          |    | Tubing  |        |
| Size                         |                  |                              |              |                     |  |                 |              |                |          |    |         |        |
| Setting Depth                |                  |                              |              |                     |  |                 |              |                |          |    |         |        |
| Amount of Cement             |                  |                              |              |                     |  |                 |              |                |          |    |         |        |
| Top of Cement                |                  |                              |              |                     |  |                 |              |                |          |    |         |        |
| Bottom of Cement             |                  |                              |              |                     |  |                 |              |                |          |    |         |        |
|                              |                  |                              |              | . 10                |  |                 |              |                |          |    |         |        |
| Casing Fluid Level from Su   |                  |                              |              |                     |  |                 |              |                |          |    |         |        |
| Casing Squeeze(s):           | ) to v           | V /                          | sacks of cem | ent,                | to   | (bottom) W /    | 9            | sacks of cemei | nt. Date | e: |         |        |
| 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 cas | sina leak(s):  |          |    |         |        |
|                              |                  |                              | ,            |                     |  |                 |              |                |          |    |         |        |
| Type Completion: AL          |                  |                              | ,            |                     |  |                 |              | (depth)        | W/       |    | Sack of | cement |
| Packer Type:                 | Size:            |                              |              | Inch \$             | Set at:  |                 | Feet         |                |          |    |         |        |
| otal Depth: Plug Back Depth: |                  |                              | F            | _ Plug Back Method: |  |                 |              |                |          |    |         |        |
| Geological Date:             |                  |                              |              |                     |  |                 |              |                |          |    |         |        |
| Formation Name               | Formatic         | Formation Top Formation Base |              |                     | Completion Information   |                 |              |                |          |    |         |        |
| 1                            | At:              | to                           | Feet         | Perfor              | ation Interval   | to              | Feet or      | Open Hole Int  | erval_   |    | to      | Feet   |
| 2                            | At:              | to                           | Feet         | Perfor              | ation Interval -   | to              | Feet or      | Open Hole Int  | erval    |    | to      | Feet   |
|                              |                  |                              |              |                     |  |                 |              | opon noio m    | 0        |    |         |        |

# Submitted Electronically

| Do NOT Write in This     Date Tested:       Space - KCC USE ONLY |              | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |  |  |
|--|--------------|-----------|---------------|----------------|---------------------------|--|--|
| Review Completed by:   |              | Comments: |               |                |                           |  |  |
| TA Approved: 🗌 Yes 🗌 [   | Denied Date: |           |               |                |                           |  |  |

### Mail to the Appropriate KCC Conservation Office:

| There has no no to at the same the same  | 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 |
| Image: Section 1         Image: Section 1< | 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 |

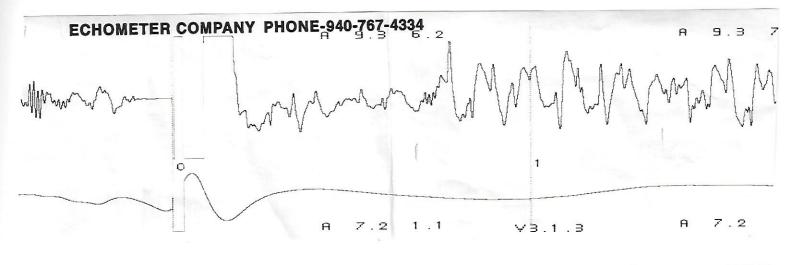
# / PHONE-940-767-4334

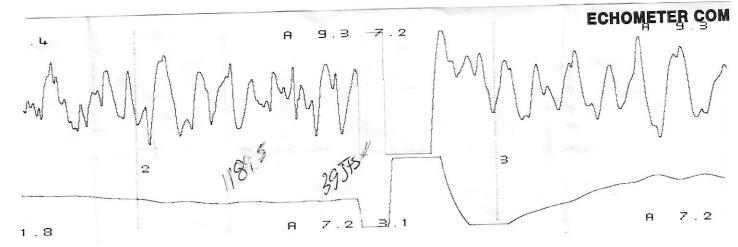
ECHOMETER MODEL M V3.1.3 SERIAL NO: 6987 ECHOMETER COMPANY 5001 DITTO LANE WICHITA FALLS, TEXAS 76302 PHONE 940 - 767 - 4334 FAX 940 - 723 - 7507 E-MAIL INFOMECHOMETER, COM

| POWER ON  | V   | TURN  |   |
|-----------|-----|-------|---|
| SELF TES  | 5T  | ON    |   |
|           |     | CHART |   |
| PASS *    |     | DRIVE |   |
| REF 1,250 | V V | TO    |   |
|           |     | TEST  |   |
| BATTERY   |     | WELL  |   |
| 11.2 VOLT | S   |       |   |
|           | 2   |       | - |

# ECHOMETER COMPANY PHONE-940-767-4334 WELL JULGA JOINTS TO LIQUID 39 CASING PRESSURE DISTANCE TO LIQUID DISTANCE TO LIQUID AP PBHP PBHP AT SBHP PRODUCTION RATE PRODUCTION RATE PROD RATE EFF, % MAX PRODUCTION

| 12/13/2019 11:16:44<br>QUIET WELL<br>UPPER COLLARS A: 9.3<br>P-P 0.046 mV | GENERATE<br>PULSE | UC |
|---|-------------------|----|
| LIQUID LEVEL A: 7.2<br>P-P 0.045 mV                                       | 11.0<br>VOLTS     |    |





Conservation Division District Office No. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226



Phone: 316-337-7400 Fax: 316-630-4005 http://kcc.ks.gov/

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

January 24, 2020

Charles Kremeier CK Oil & Gas LLC 906 E. TRAPP ST. HERINGTON, KS 67449-8901

Re: Temporary Abandonment API 15-079-20679-00-00 TALBOT 1-23 SE/4 Sec.23-23S-02W Harvey County, Kansas

Dear Charles Kremeier:

"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 01/24/2021.

\* 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 01/24/2021.

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

Very truly yours,

BJ Hope"