July 2017
Form must be Typed
Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#  |                     |   |              | API No. 15-                         |   |                            |                           |  |
|---|---------------------|---|--------------|-------------------------------------|---|----------------------------|---------------------------|--|
| Name:   |                     |   |              | Spot Descr                          | Spot Description:   |                            |                           |  |
| Address 1:  |                     |   |              | _   -,                              | •   |                            | s. R 🗌 E 🔲 W              |  |
| Address 2:  |                     |   |              |                                     | feet from N / S Line of Section feet from E / W Line of Section |                            |                           |  |
|   |                     |   |              | T                                   |   |                            |                           |  |
|   |                     |   |              | GF 3 Locati                         | ion: Lat:   | , Long:                    | (e.gxxx.xxxxxx)           |  |
|   |                     |   |              | Datuiii.                            | NAD27 NAD   |                            | GL KB                     |  |
|   |                     |   |              | I aaaa Nam                          |   | Elevation W                |                           |  |
|   |                     |   |              | - Mall Times                        | Well Type: (check one)  |                            |                           |  |
|   |                     |   |              | SWD P                               |   |                            |                           |  |
|   |                     |   |              | Gas Sto                             |   |                            |                           |  |
|   |                     |   |              | Spud Date:                          |   | Date Shut-In: _            |                           |  |
|   | Conductor           | Surface   |              | Production                          | Intermediate  | Liner                      | Tubing                    |  |
| Size  |                     |   |              |                                     |   |                            |                           |  |
| Setting Depth   |                     |   |              |                                     |   |                            |                           |  |
| Amount of Cement  |                     |   |              |                                     |   |                            |                           |  |
| Top of Cement   |                     |   |              |                                     |   |                            |                           |  |
| Bottom of Cement  |                     |   |              |                                     |   |                            |                           |  |
| Casing Fluid Level from Surf                                  | ace:                |   | How Determin | ed?                                 |   |                            | Date:                     |  |
| -   |                     |   |              |                                     |   |                            | Date:                     |  |
| (top)<br>Do you have a valid Oil & Ga                         | , ,                 |   |              | (top)                               | (bottom)  |                            |                           |  |
|   |                     |   |              |                                     |   |                            |                           |  |
| Depth and Type:   | n Hole at [ (depth) | Tools in Hole a   | t<br>(depth) | Casing Leaks: L                     | 」Yes ∐ No De  | epth of casing leak(s):    |                           |  |
| Type Completion: ALT.   | I ALT. II Depth     | of: DV Tool: _  | V<br>(depth) | v / sack                            | s of cement Po  | ort Collar: w              | // sack of cemen          |  |
| Packer Type:  |                     |   |              |                                     |   |                            |                           |  |
| Total Depth:  | Plug Back Depth:    |   |              | Plug Back Meth                      | Plug Back Method:   |                            |                           |  |
| Geological Date:  |                     |   |              |                                     |   |                            |                           |  |
| Formation Name Formation Top Formation Base                   |                     |   |              |                                     | Completion Information  |                            |                           |  |
| I   |                     | •   |              | erforation Interval                 | ·   |                            | val toFeet                |  |
| )   |                     | to  |              |                                     |   |                            | val toFeet                |  |
|   | 74.                 | 10  |              | choration interval                  | 10  | = rect of open riole lines | vai to i cot              |  |
| INDED DENALTY OF DED  | IIIDV I UEDEDV ATTI | ECT TU AT TUE IN  | EODMATION :  | CONTAINED HER                       | CIN IC TOLIC AND  | CODDECT TO THE DEC         | T OF MV KNOW! FDOE        |  |
|   |                     | Su  | bmitted E    | Electronicall                       | У   |                            |                           |  |
|   |                     |   |              |                                     | •   |                            |                           |  |
|   |                     |   |              |                                     |   |                            |                           |  |
| Do NOT Write in This Date Tested: Res<br>Space - KCC USE ONLY |                     |   | Results:     | : Date Plugged: Date Repaired: Date |   |                            | Pate Put Back in Service: |  |
| Space - NOC OSE ONE   |                     |   |              |                                     |   |                            |                           |  |
| Review Completed by:  |                     |   | Co           | omments:                            |   |                            |                           |  |
| TA Approved: Yes  | Denied Date:        |   |              |                                     |   |                            |                           |  |
|   |                     | Mail to t   | he Appropria | te KCC Conserv                      | vation Office:  |                            |                           |  |
| Trans Note: Date Note has been fined                          | KCC Dist            | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge                             |              |                                     |   | City, KS 67801             |                           |  |
|   |                     | KCC Dietrict Office #2 - 3450 N. Pock Poad Building 600, Suite 601, Wichita, KS 67226 |              |                                     |   |                            | Phone 620.682.7933        |  |

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



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

Laura Kelly, Governor

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

May 04, 2020

Kyler Finney Finney, Kyler dba Finney Oil Company PO BOX 87 WANN, OK 74083-0087

Re: Temporary Abandonment API 15-125-20240-00-00 COPELAND 22 NE/4 Sec.34-33S-14E Montgomery County, Kansas

## Dear Kyler Finney:

"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 05/04/2021.

- \* 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 05/04/2021.

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

Very truly yours,

Jason Cooper"