## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                         |                    |             |                        |                   | API No. 15-       |              |                          |           |        |        |
|--|--------------------|-------------|------------------------|-------------------|-------------------|--------------|--------------------------|-----------|--------|--------|
| Name:                                      |                    |             |                        |                   | Spot Description: |              |                          |           |        |        |
| Address 1:                                 |                    |             |                        |                   |                   | S            | ec Twp                   | S. R      | 🗌 E    | W      |
| Address 2:                                 |                    |             |                        |                   |                   |              | feet from                |           |        |        |
| City:   Zip:  +     Contact Person:        |                    |             |                        |                   |                   |              |                          |           |        |        |
|  |                    |             |                        |                   |                   |              |                          |           |        |        |
| Contact Person Email:                      |                    |             |                        |                   | Lease Nam         | e:           |                          | Well #:   |        |        |
| Field Contact Person:                      |                    |             |                        |                   | ••••              |              | Oil Gas OG WSW           |           |        |        |
| Field Contact Person Phon                  | e:()               |             |                        |                   |                   |              | ENHR F                   | Permit #: |        |        |
|  | ( )                |             |                        |                   |                   |              | Date Shut-In:            |           |        |        |
| <b>-</b>                                   | E                  |             |                        |                   | Spud Date:        |              | Date Shut-In:            | ·         |        |        |
|  | Conductor          | Surfa       | ace                    | Pro               | duction           | Intermedi    | iate Liner               |           | Tubing |        |
| Size                                       |                    |             |                        |                   |                   |              |                          |           |        |        |
| Setting Depth                              |                    |             |                        |                   |                   |              |                          |           |        |        |
| Amount of Cement                           |                    |             |                        |                   |                   |              |                          |           |        |        |
| Top of Cement                              |                    |             |                        |                   |                   |              |                          |           |        |        |
| Bottom of Cement                           |                    |             |                        |                   |                   |              |                          |           |        |        |
| Casing Fluid Level from Su                 | Irface:            |             | How Deter              | rmined?           |                   |              |                          | _ Date:   |        |        |
| Casing Squeeze(s):                         | ) to w             |             | sacks of cem           | ent,              | to                | (bottom) W / | sacks of cemer           | nt. Date: |        |        |
| Do you have a valid Oil & O                | Gas Lease? 🗌 Yes   | No          |                        |                   |                   |              |                          |           |        |        |
| Depth and Type: Unk                        | in Hole at         | Tools in Ho | le at                  | Cas               | ing Leaks:        | Yes No       | Depth of casing leak(s): |           |        |        |
|  |                    |             |                        |                   |                   |              | Port Collar:             |           |        | cement |
| Packer Type:                               |                    |             | ,                      |                   |                   |              |                          |           |        |        |
| Total Depth:                               | Plug Back Depth: F |             |                        | Plug Back Method: |                   |              |                          |           |        |        |
| Geological Date:                           |                    |             |                        |                   |                   |              |                          |           |        |        |
| ormation Name Formation Top Formation Base |                    |             | Completion Information |                   |                   |              |                          |           |        |        |
| 1  | At:                | to          | Feet                   | Perfor            | ation Interval    | to           | Feet or Open Hole Inte   | erval     | _ to   | Feet   |
| 2  | At:                | to          | Feet                   | Perfor            | ation Interval -  | to           | Feet or Open Hole Inte   | erval     | _ to   | Feet   |
|  |                    |             |                        |                   |                   |              |                          |           |        |        |

## 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 D                           | 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. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

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

June 23, 2020

Mike Folk Plum Creek Energy, LLC 604 N. BISMARK AVE ELLINWOOD, KS 67526-1423

Re: Temporary Abandonment API 15-047-21550-00-00 ROBERT DERLEY 1 SE/4 Sec.36-25S-18W Edwards County, Kansas

Dear Mike Folk:

"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 06/23/2021.

\* 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 06/23/2021.

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

Very truly yours,

Michael Maier"