## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                              |                                    |             |           |                        | API No. 15                   |                  |                |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |
|---|------------------------------------|-------------|-----------|------------------------|------------------------------|------------------|----------------|-------------------|--------|-------------|-----------------------|--|--|--|--|---------------|--------------|---------------|---------|------|--|
| Name:   |                                    |             |           |                        | Spot Description:            |                  |                |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |
| Address 1:                                      |                                    |             |           |                        |                              | Se               | ec Tv          | vp S. R           |        | E 🗌 W       |                       |  |  |  |  |               |              |               |         |      |  |
| Address 2:                                      |                                    |             |           |                        |                              |                  |                | feet from N /     |        |             |                       |  |  |  |  |               |              |               |         |      |  |
| City:   Zip:  +     Contact Person:    Phone:() |                                    |             |           |                        |                              |                  |                |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |
|   |                                    |             |           |                        |                              |                  |                |                   |        |             | Contact Person Email: |  |  |  |  | Lease Name    | e:           |               | Well #: |      |  |
|   |                                    |             |           |                        |                              |                  |                |                   |        |             | Field Contact Person: |  |  |  |  | Well Type: (a | check one) 🗌 | Oil 🗌 Gas 🗌 ( |         | her: |  |
| Field Contact Person Phone                      | :()                                |             |           |                        | SWD Permit #: ENHR Permit #: |                  |                |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |
|   | ( )                                |             |           |                        |                              | rage Permit #: _ |                | Date Shut-In:     |        |             |                       |  |  |  |  |               |              |               |         |      |  |
|   |                                    |             |           |                        | Spud Date:                   |                  | L              |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |
|   | Conductor                          | Surfa       | ice       | Prod                   | uction                       | Intermedia       | ate            | Liner             | Tubing | 1           |                       |  |  |  |  |               |              |               |         |      |  |
| Size  |                                    |             |           |                        |                              |                  |                |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |
| Setting Depth                                   |                                    |             |           |                        |                              |                  |                |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |
| Amount of Cement                                |                                    |             |           |                        |                              |                  |                |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |
| Top of Cement                                   |                                    |             |           |                        |                              |                  |                |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |
| Bottom of Cement                                |                                    |             |           |                        |                              |                  |                |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |
| Casing Fluid Level from Sur                     | face:                              |             | How Deter | mined?                 |                              |                  |                | Date              | ):     |             |                       |  |  |  |  |               |              |               |         |      |  |
| Casing Squeeze(s):                              |                                    |             |           |                        |                              |                  |                |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |
| Do you have a valid Oil & Ga                    | as Lease? 🗌 Yes                    | No          |           |                        |                              |                  |                |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |
| Depth and Type: 🗌 Junk i                        | n Hole at                          | Tools in Ho | le at     | Casi                   | ng Leaks:                    | Yes No           | Depth of casin | g leak(s):        |        |             |                       |  |  |  |  |               |              |               |         |      |  |
|   |                                    |             |           |                        |                              |                  |                |                   |        | of cement   |                       |  |  |  |  |               |              |               |         |      |  |
| Type Completion: ALT.                           |                                    |             |           |                        |                              |                  |                | (depth)           |        | in contoint |                       |  |  |  |  |               |              |               |         |      |  |
| Packer Type:                                    | Size: .                            |             |           | _ Inch S               | et at:                       |                  | Feet           |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |
| Total Depth:                                    | Plug Back Depth: Plug Back Method: |             |           |                        |                              |                  |                |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |
| Geological Date:                                |                                    |             |           |                        |                              |                  |                |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |
| Formation Name                                  | Formation Top Formation Base       |             |           | Completion Information |                              |                  |                |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |
| Formation Name                                  |                                    | to          | Feet      | Perfora                | tion Interval                | to               | Feet or O      | pen Hole Interval | to     | Feet        |                       |  |  |  |  |               |              |               |         |      |  |
| 1   | At:                                | 10          | 1000      |                        |                              |                  |                |                   |        |             |                       |  |  |  |  |               |              |               |         |      |  |

## 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:

| $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 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 Dwight D. Keen, Commissioner Andrew J. French, Commissioner

Laura Kelly, Governor

July 31, 2020

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

Re: Temporary Abandonment API 15-059-23798-00-00 Matteson I (S Sundstrom) 2 SE/4 Sec.33-15S-20E Franklin 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 07/31/2021.

\* 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 07/31/2021.

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

Very truly yours,

Keith Carswell E.C.R.S."