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

|  |                       |  |               | I  |                         |                       |                           |
|--|-----------------------|--|---------------|--|-------------------------|-----------------------|---------------------------|
| OPERATOR: License#   |                       |  |               | API No. 15-  |                         |                       |                           |
| Name:  |                       |  |               | Spot Description:  |                         |                       |                           |
| Address 1:   |                       |  |               |  |                         |                       | R                         |
| Address 2:   |                       |  |               | 1  |                         |                       | I / S Line of Section     |
| City:       State:       Zip:                                      |                       |  |               |  |                         |                       |                           |
|  |                       |  |               |  |                         |                       |                           |
|  |                       |  |               | Lease Name: Well #:  |                         |                       |                           |
|  |                       |  |               |  |                         |                       | Other:                    |
|  |                       |  |               | ☐ SWD Permit #:         ☐ ENHR Permit #:           ☐ Gas Storage Permit #: |                         |                       |                           |
|  |                       |  |               |  | ,                       |                       |                           |
|  |                       |  |               | Spud Date  |                         | Date Shut-in          |                           |
|  | Conductor             | Surface  | Pro           | oduction   | Intermediate            | Liner                 | Tubing                    |
| Size   |                       |  |               |  |                         |                       |                           |
| Setting Depth  |                       |  |               |  |                         |                       |                           |
| Amount of Cement   |                       |  |               |  |                         |                       |                           |
| Top of Cement  |                       |  |               |  |                         |                       |                           |
| Bottom of Cement   |                       |  |               |  |                         |                       |                           |
| Casing Fluid Level from Su   | rface:                | How D  | etermined?    |  |                         |                       | Date:                     |
| Casing Squeeze(s):   |                       |  |               |  |                         |                       |                           |
|  |                       | _  |               | (top)  | (bottom)                |                       |                           |
| Do you have a valid Oil & G  |                       | _  |               |  |                         |                       |                           |
| Depth and Type:  | in Hole at            | Tools in Hole at   | Ca            | sing Leaks:  | Yes No Depth of         | f casing leak(s):     |                           |
| Type Completion: ALT   |                       |  |               |  |                         |                       |                           |
| Packer Type:   |                       |  |               |  |                         | (depth)               |                           |
| Total Depth:   | Plug Bad              | ck Denth:  |               | Plug Back Meth   | ood:                    |                       |                           |
|  | ug 2                  | <u></u>  |               |  |                         |                       |                           |
| Geological Date:   |                       |  |               |  |                         |                       |                           |
| Formation Name Formation Top Formation Base Completion Information |                       |  |               |  |                         |                       |                           |
| At: to Feet Perfor   |                       |  |               | ration Interval to Feet or Open Hole Interval to Feet                      |                         |                       |                           |
| 2  | At:                   | to Fee   | et Perfo      | ration Interval  | to Fee                  | t or Open Hole Interv | al toFeet                 |
| LINDED DENALTY OF DE   | O ILIDV I HEDEDV ATTE | CT TUAT TUE INCODM   | IATION CO     | NTAINED HE   | DEIN IS TOLIE AND COL   |                       | OE MV KNOW! EDGE          |
|  |                       |  |               |  |                         |                       |                           |
|  |                       | Submit   | ted Ele       | ctronical  | У                       |                       |                           |
|  |                       |  |               |  |                         |                       |                           |
| Do NOT Write in This   | Date Tested:          |  | Date Plugged: | Date Repaired: Da  | te Put Back in Service: |                       |                           |
| Space - KCC USE ONLY   |                       |  | Results:      |  | Date i lugged.          | Date Repaired. Da     | te i ut back iii deivice. |
| •  |                       |  |               |  |                         |                       |                           |
| Review Completed by:   |                       |  | Comr          | nents:   |                         |                       |                           |
| TA Approved: Yes   | Denied Date:          |  |               |  |                         |                       |                           |
|  |                       | Mail to the Ap   | propriate     | KCC Conser   | vation Office:          |                       |                           |
| Strains Spring Street State State State and Strains in             | KCC Distr             | KCC District Office #1 - 210 E. Frontview, Sui   |               |  | ity, 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

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 Dwight D. Keen, Commissioner Andrew J. French, Commissioner

September 15, 2020

DEB BALLARD Colt Energy Inc PO BOX 388 IOLA, KS 66749-0388

Re: Temporary Abandonment API 15-125-28667-00-00 KROEKER-GOLEY 26-A SE/4 Sec.31-32S-15E Montgomery County, Kansas

## Dear DEB BALLARD:

"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 09/15/2021.

- \* 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 09/15/2021.

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

Very truly yours,

Jason Cooper E.C.R.S."