## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#<br>Name:<br>Address 1: |                                |                  |           |                        | API No. 15                   |                  |             |                        |        |         |
|---|--------------------------------|------------------|-----------|------------------------|------------------------------|------------------|-------------|------------------------|--------|---------|
|   |                                |                  |           |                        |                              |                  |             |                        |        |         |
|   |                                |                  |           |                        |                              |                  |             |                        |        |         |
| Address 2:                                |                                |                  |           |                        |                              |                  |             | feet from N /          | =      |         |
| City:                                     | State:                         | Zip:             | +         |                        |                              |                  |             |                        |        |         |
| Contact Person:                           |                                |                  |           |                        |                              |                  |             |                        |        |         |
| Phone:()                                  |                                |                  |           |                        |                              |                  |             |                        |        |         |
| Contact Person Email:                     |                                |                  |           |                        |                              |                  |             | Well #:                |        |         |
| Field Contact Person:                     |                                |                  |           |                        | Well Type: (a                | check one) 🗌 (   | OilGas      | OGwswO                 | ther:  |         |
| Field Contact Person Phor                 |                                |                  |           |                        | SWD Permit #: ENHR Permit #: |                  |             |                        |        |         |
|   |                                |                  |           |                        |                              | rage Permit #: _ |             |                        |        |         |
|   |                                |                  |           |                        | Spud Date: -                 |                  |             | Date Shut-In:          |        |         |
|   | Conductor                      | Surfa            | ice       | Proc                   | luction                      | Intermedia       | ate         | Liner                  | Tubing | ,       |
| Size                                      |                                |                  |           |                        |                              |                  |             |                        |        |         |
| Setting Depth                             |                                |                  |           |                        |                              |                  |             |                        |        |         |
| Amount of Cement                          |                                |                  |           |                        |                              |                  |             |                        |        |         |
| Top of Cement                             |                                |                  |           |                        |                              |                  |             |                        |        |         |
| Bottom of Cement                          |                                |                  |           |                        |                              |                  |             |                        |        |         |
| Casing Fluid Level from St                | urfaço:                        |                  | How Dotor | minod?                 |                              |                  |             | Date                   |        |         |
| 0   |                                |                  |           |                        |                              |                  |             |                        |        |         |
| Casing Squeeze(s):                        | p) (bottom)                    | /                |           | 5m,                    | (top) (0                     | (bottom)         |             | Sacks of cement. Date  |        |         |
| Do you have a valid Oil & 0               | Gas Lease? 🗌 Yes 🛛             | No               |           |                        |                              |                  |             |                        |        |         |
| Depth and Type:                           | in Hole at                     | Tools in Ho      | le at     | Cas                    | ing Leaks:                   | Yes 🗌 No         | Depth of ca | asing leak(s):         |        |         |
|   |                                |                  |           |                        |                              |                  |             |                        |        |         |
| Type Completion: AL                       |                                |                  |           |                        |                              |                  |             | (depth)                |        | 1 comon |
| Packer Type:                              | Size: _                        |                  |           | Inch S                 | iet at:                      |                  | _ Feet      |                        |        |         |
| Total Depth:                              | Plug Ba                        | Plug Back Depth: |           | F                      | Plug Back Method:            |                  |             |                        |        |         |
| Geological Date:                          |                                |                  |           |                        |                              |                  |             |                        |        |         |
| Formation Name                            | e Formation Top Formation Base |                  |           | Completion Information |                              |                  |             |                        |        |         |
| 1   | At:                            | to               | Feet      | Perfor                 | ation Interval _             | to               | Feet or     | Open Hole Interval     | to     | Feet    |
|   |                                | to               | Feet      | Derfer                 |                              | 4.0              | Foot of     |                        | 4.0    | Foot    |
| 2   | At:                            |                  | Feet      | Perior                 | ation interval -             | to               | Feet O      | r Open Hole Interval - | to     | Feel    |

## Submitted Electronically

| <i>Do NOT Write in This<br/>Space -</i> KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                                 |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 D                               | Denied 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. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-261-6250 Fax: 785-625-0564 http://kcc.ks.gov/

Susan K. Duffy, Chair Dwight D. Keen, Commissioner Andrew J. French, Commissioner Laura Kelly, Governor

October 07, 2020

Shawn Evans Shawn D. Evans Inc. dba ACE Oil Company 18529 WALTERS RD PO BOX 606 RUSSELL, KS 67665-0606

Re: Temporary Abandonment API 15-167-01884-00-00 S & S A 2 SW/4 Sec.36-12S-15W Russell County, Kansas

Dear Shawn Evans:

"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 01/07/2021.

\* 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 01/07/2021.

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

Very truly yours,

**RICHARD WILLIAMS**"