KOLAR Document ID: 1532254

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 316.337.7400

Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#   |                                   |                        |            | API No. 15  |  |                |              |                |                 |  |
|--|-----------------------------------|------------------------|------------|---|--|----------------|--------------|----------------|-----------------|--|
| OPERATOR: License#   |                                   |                        |            | API No. 15-  Spot Description:                      |  |                |              |                |                 |  |
| Address 1:   |                                   |                        |            | 1 '   | · Sec.   |                |              |                | E W             |  |
| Address 2:   |                                   |                        |            |   |  |                |              |                |                 |  |
| City:       State:       Zip:       +         Contact Person:                                  |                                   |                        |            | feet from E / W Line of Section                     |  |                |              |                |                 |  |
|  |                                   |                        |            | GPS Location: Lat:, Long:, Datum: NAD27 NAD83 WGS84 |  |                |              | (e.gxxx.xxxxx) | (e.gxxx.xxxxxx) |  |
|  |                                   |                        |            |   | NAD27 NAD  |                |              | Пе             | I  KB           |  |
|  |                                   |                        |            |   | ie:  |                |              |                |                 |  |
|  |                                   |                        |            | Well Type:  | (check one) 🗌 Oi                                       | I Gas OG       | wsw [        | Other:         |                 |  |
|  |                                   |                        |            | SWD Permit #:                                       |  |                |              |                |                 |  |
|  |                                   |                        |            |   |  |                |              |                |                 |  |
|  | Conductor                         | Surface                | Pr         | oduction  | Intermediate   | )              | Liner        | Tubin          | g               |  |
| Size   |                                   |                        |            |   |  |                |              |                |                 |  |
| Setting Depth  |                                   |                        |            |   |  |                |              |                |                 |  |
| Amount of Cement   |                                   |                        |            |   |  |                |              |                |                 |  |
| Top of Cement  |                                   |                        |            |   |  |                |              |                |                 |  |
| Bottom of Cement   |                                   |                        |            |   |  |                |              |                |                 |  |
| Casing Fluid Level from Surfa  | ace.                              | How D                  | etermined' | >   |  |                | г            | Date:          |                 |  |
| Do you have a valid Oil & Gas Depth and Type:   Junk in Type Completion:   ALT. I Packer Type: | Hole at [depth] ALT. II Depth of: | Tools in Hole at       | w / .      | sack  | s of cement P  | ort Collar:    |              |                | of cement       |  |
|  |                                   | Plug Back Method:      |            |   |  |                |              |                |                 |  |
| otal Depth:  | Plug Back                         | Deptn:                 |            | Plug Back Metr                                      | loa:   |                |              |                |                 |  |
| Geological Date:   |                                   |                        |            |   |  |                |              |                |                 |  |
| Formation Name   | Formation T                       | Completion Information |            |   |  |                |              |                |                 |  |
| l  | At:                               | to Fee                 | t Perfe    | oration Interval                                    | to   | _ Feet or Open | Hole Interva | al to          | Feet            |  |
| 2  | At:                               | to Fee                 | et Perfo   | oration Interval                                    | to   | _ Feet or Open | Hole Interva | al to          | Feet            |  |
| INDED DENALTY OF DED I   | HIDVI HEDEDV ATTES                | T TUAT TUE INCODM      | ATION CO   | NITAINED LIE  | IEIN IC TOLIE ANI                                      | COBBECTIO      | TUE DEST     | OE MV KNOMI    | EDCE            |  |
|  |                                   | Submit                 | ted Ele    | ectronicall   | у  |                |              |                |                 |  |
| Do NOT Write in This<br>Space - KCC USE ONLY   |                                   |                        |            |   | Date Plugged: Date Repaired: Date Put Back in Service: |                |              |                |                 |  |
| Review Completed by:   |                                   |                        | Comi       | ments:  |  |                |              |                |                 |  |
| TA Approved: Yes   | Denied Date: _                    |                        |            |   |  |                |              |                |                 |  |
|  |                                   | Mail to the Ap         | propriate  | KCC Conser  | vation Office:   |                |              |                |                 |  |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                       |                                   |                        |            |   |  |                |              | Phone 620.6    | 82.7933         |  |

KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226

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. 4 2301 E. 13th Street Hays, KS 67601-2651



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

Laura Kelly, Governor

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

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 15-167-21112-00-01 S & S A 5 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"**