## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#           Name:           Address 1: |                              |              |                | API No. 15-            | API No. 15  |               |                      |        |           |  |
|---|------------------------------|--------------|----------------|------------------------|---|---------------|----------------------|--------|-----------|--|
|   |                              |              |                | Spot Descri            | Spot Description:                                   |               |                      |        |           |  |
|   |                              |              |                | _                      |   |               |                      |        |           |  |
| Address 2:  |                              |              |                |                        |   |               | feet from N /        | =      |           |  |
| City:   | State:                       | Zip:         | +              |                        | feet from E /W Line of Section                      |               |                      |        |           |  |
| Contact Person:   |                              |              |                | GF 5 LOCali            | GPS Location: Lat:                                  |               |                      |        |           |  |
|   |                              |              |                |                        |   |               |                      |        |           |  |
| Contact Person Email:                                   |                              |              |                |                        |   |               | Well #:              |        |           |  |
| Field Contact Person:                                   |                              |              |                | Well Type: (           | check one) 🗌 🕻                                      | Dil 🗌 Gas 🗌   | og 🗌 wsw 🗌 o         | ther:  |           |  |
| Field Contact Person Phone:                             |                              |              |                |                        | SWD Permit #: ENHR Permit #:                        |               |                      |        |           |  |
|   | d Contact Person Phone: ( )  |              |                |                        | Gas Storage Permit #:      Spud Date: Date Shut-In: |               |                      |        |           |  |
|   |                              |              |                | Spud Date:             |   |               | Date Shut-In:        |        |           |  |
|   | Conductor                    | Surfa        | ce             | Production             | Intermedia  | ite           | Liner                | Tubing | 1         |  |
| Size  |                              |              |                |                        |   |               |                      |        |           |  |
| Setting Depth   |                              |              |                |                        |   |               |                      |        |           |  |
| Amount of Cement  |                              |              |                |                        |   |               |                      |        |           |  |
| Top of Cement   |                              |              |                |                        |   |               |                      |        |           |  |
| Bottom of Cement  |                              |              |                |                        |   |               |                      |        |           |  |
| Casing Fluid Level from Surfa                           | ce:                          |              | _ How Determ   | nined?                 |   |               | Date                 | ə:     |           |  |
| Casing Squeeze(s):                                      | to w                         | / 9          | sacks of cemer | to to                  | w /   | Sa            | acks of cement. Date | e:     |           |  |
| Do you have a valid Oil & Gas                           | Lease? Yes                   | No           |                |                        |   |               |                      |        |           |  |
| Depth and Type: 🗌 Junk in                               | Hole at                      | Tools in Hol | e at           | Casing Leaks:          | Yes No  | Depth of casi | ng leak(s):          |        |           |  |
| Type Completion: ALT. I                                 |                              |              |                |                        |   |               |                      |        | of cement |  |
| Packer Type:  |                              |              |                |                        |   |               | (depth)              |        |           |  |
| Total Depth:  | Plug B                       | ack Depth:   |                | Plug Back Metho        | od:   |               |                      |        |           |  |
| Geological Date:  |                              |              |                |                        |   |               |                      |        |           |  |
|   | Formation Top Formation Base |              |                |                        | Completion Information                              |               |                      |        |           |  |
| Formation Name  |                              |              |                |                        |   | Foot or (     |                      | 4.0    | <b>F</b>  |  |
| Formation Name 1  | At:                          | to           | Feet           | Perforation Interval _ | to  |               | Jpen Hole Interval_  | 10     | 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 🗌 [                       | 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. 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

October 16, 2020

Daniel Martin Tauy Oil, Inc 1621 N 150 RD PO BOX 973 BALDWIN CITY, Kansas 66006-0973

Re: Temporary Abandonment API 15-045-22296-00-00 FAULKNER 9 NW/4 Sec.09-15S-20E Douglas County, Kansas

Dear Daniel Martin:

"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 10/16/2021.

\* 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 10/16/2021.

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

Very truly yours,

Levi Short E.C.R.S."