## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License# Name: Address 1: |                                   |              |            |                        | API No. 15   |                  |             |                      |        |           |
|-------------------------------------|-----------------------------------|--------------|------------|------------------------|--|------------------|-------------|----------------------|--------|-----------|
|                                     |                                   |              |            |                        |  |                  |             |                      |        |           |
|                                     |                                   |              |            |                        |  | Se               | ec          | _ Twp S. R           |        | E 🗌 W     |
| Address 2:                          |                                   |              |            |                        | feet from N / S Line of Section                                    |                  |             |                      |        |           |
| City:                               | State:                            | Zip:         | +          |                        | feet from E / W Line of Section                                    |                  |             |                      |        |           |
| Contact Person:                     |                                   |              |            |                        | GPS Location: Lat:, Long:, e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84  |                  |             |                      |        |           |
| Phone:( )                           |                                   |              |            |                        | Datum:         NAD27         NAD83         WGS84           County: |                  |             |                      |        |           |
| Contact Person Email:               |                                   |              |            |                        |  |                  |             | Well #:              |        |           |
| Field Contact Person:               |                                   |              |            |                        | Well Type: (   | check one) 🗌 (   | Oil 🗌 Gas   |                      | her:   |           |
| Field Contact Person Phone: (       |                                   |              |            |                        | SWD Permit #:         ENHR Permit #:                               |                  |             |                      |        |           |
| ricid Contact reison rinone.        | )                                 |              |            |                        |  | rage Permit #: _ |             |                      |        |           |
|                                     |                                   |              |            |                        | Spud Date:   |                  |             | _ Date Shut-In:      |        |           |
|                                     | Conductor                         | Surfa        | се         | Proc                   | luction  | Intermedia       | ate         | Liner                | Tubing | J         |
| Size                                |                                   |              |            |                        |  |                  |             |                      |        |           |
| Setting Depth                       |                                   |              |            |                        |  |                  |             |                      |        |           |
| Amount of Cement                    |                                   |              |            |                        |  |                  |             |                      |        |           |
| Top of Cement                       |                                   |              |            |                        |  |                  |             |                      |        |           |
| Bottom of Cement                    |                                   |              |            |                        |  |                  |             |                      |        |           |
| Casing Fluid Level from Surface     | ce:                               |              | How Deterr | mined?                 |  |                  |             | Date                 |        |           |
| Casing Squeeze(s):                  |                                   |              |            |                        |  |                  |             |                      |        |           |
| Do you have a valid Oil & Gas       | Lease? Yes                        | No           |            |                        |  |                  |             |                      |        |           |
| Depth and Type: 🗌 Junk in           | Hole at                           | Tools in Hol | e at       | _ Cas                  | ing Leaks:   | Yes No           | Depth of ca | asing leak(s):       |        |           |
| Type Completion: ALT. I             |                                   |              |            |                        |  |                  |             |                      |        | of cement |
| Packer Type:                        |                                   |              | . , ,      |                        |  |                  |             | (depth)              |        |           |
|                                     |                                   |              |            |                        |  |                  |             |                      |        |           |
| Total Depth:                        | Plug B                            | Back Depth:  |            | P                      | lug Back Metho   | od:              |             | _                    |        |           |
| Geological Date:                    |                                   |              |            |                        |  |                  |             |                      |        |           |
| Formation Name                      | Name Formation Top Formation Base |              |            | Completion Information |  |                  |             |                      |        |           |
|                                     | At:                               | to           | Feet       | Perfora                | ation Interval _   | to               | Feet o      | r Open Hole Interval | to     | Feet      |
| 1                                   |                                   |              |            |                        |  |                  |             |                      |        |           |

## 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. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

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

November 17, 2020

Kenneth S. White White Exploration, Inc. 1635 N WATERFRONT PKWY STE 100 WICHITA, KS 67206-3966

Re: Temporary Abandonment API 15-081-21882-00-00 ELLSAESSER 1 SW/4 Sec.31-29S-31W Haskell County, Kansas

Dear Kenneth S. White:

"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 11/17/2021.

\* 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 11/17/2021.

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

Very truly yours,

Michael Maier"