#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#            |                                |              |            | API No. 15-          | API No. 15   |                            |        |      |  |       |
|-------------------------------|--------------------------------|--------------|------------|----------------------|--|----------------------------|--------|------|--|-------|
|                               |                                |              |            | Spot Descr           |  |                            |        |      |  |       |
| Address 1:                    |                                |              |            |                      | Sec Twp S. R E  W<br>feet from N / S Line of Section             |                            |        |      |  |       |
|                               |                                |              |            |                      |  |                            |        |      |  | City: |
| Contact Person:               |                                |              |            |                      |  |                            |        |      |  |       |
| Phone:()                      |                                |              |            |                      | County:  |                            |        |      |  |       |
| Contact Person Email:         |                                |              |            | Lagas Nam            |  | Well                       |        |      |  |       |
| Field Contact Person:         |                                |              |            | Well Type: (         | Well Type: (check one)     Oil     Gas     OG     WSW     Other: |                            |        |      |  |       |
| Field Contact Person Phone:   | ( )                            |              |            |                      | SWD Permit #: ENHR Permit #:                                     |                            |        |      |  |       |
|                               | ield Contact Person Phone: ( ) |              |            |                      | Gas Storage Permit #:  Spud Date: Date Shut-In:                  |                            |        |      |  |       |
|                               |                                |              |            | Spud Date:           |  | Date Shut-In:              |        |      |  |       |
|                               | Conductor                      | Surfa        | ce         | Production           | Intermedia   | ate Liner                  | Tubing | g    |  |       |
| Size                          |                                |              |            |                      |  |                            |        |      |  |       |
| Setting Depth                 |                                |              |            |                      |  |                            |        |      |  |       |
| Amount of Cement              |                                |              |            |                      |  |                            |        |      |  |       |
| Top of Cement                 |                                |              |            |                      |  |                            |        |      |  |       |
| Bottom of Cement              |                                |              |            |                      |  |                            |        |      |  |       |
| Casing Fluid Level from Surfa | ace:                           |              | How Deterr | nined?               |  | Da                         | ate:   |      |  |       |
|                               |                                |              |            |                      |  | sacks of cement. D         | ate:   |      |  |       |
| Do you have a valid Oil & Ga  | s Lease? Yes                   | No           |            |                      |  |                            |        |      |  |       |
| Depth and Type: 🗌 Junk in     | Hole at                        | Tools in Hol | e at       | Casing Leaks:        | Yes No   | Depth of casing leak(s):   |        |      |  |       |
|                               |                                |              |            |                      |  | Port Collar: w /           |        |      |  |       |
| Packer Type:                  |                                |              | •••        |                      |  | ,                          |        |      |  |       |
|                               | Size Incl 3                    |              |            |                      |  |                            |        |      |  |       |
| Geological Date:              |                                |              |            |                      |  |                            |        |      |  |       |
| Formation Name                | Formation Top Formation Base   |              |            |                      | Completion Information   |                            |        |      |  |       |
| 1                             | At:                            | to           | Feet       | Perforation Interval | to   | Feet or Open Hole Interval | to     | 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 🗌 De                      | enied 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 |



Phone: 316-337-7400 Fax: 316-630-4005 http://kcc.ks.gov/

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

January 21, 2021

Keaton Boles Little Chief Energy Corporation PO BOX 965 INDEPENDENCE, KS 67301-0965

Re: Temporary Abandonment API 15-113-19253-00-00 WILES 1 NE/4 Sec.25-19S-02W McPherson County, Kansas

**Dear Keaton Boles:** 

Your application for Temporary Abandonment (TA) for the above-listed well is denied for the following reasons(s):

#### Incorrect shut-in date

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by 02/20/2021.

# This deadline does NOT override any compliance deadline given to you in any Commission Order.

You may contact me if you have any questions.

Sincerely, Jerry Sparling KCC DISTRICT 2