## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#<br>Name: |           |               |                | API No. 15-          | API No. 15                                                                                                                             |                            |         |        |  |  |
|-----------------------------|-----------|---------------|----------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|--------|--|--|
|                             |           |               |                | Spot Descr           |                                                                                                                                        |                            |         |        |  |  |
| Address 1:                  |           |               |                |                      |                                                                                                                                        | ec Twp S. R.               |         |        |  |  |
| Address 2:                  |           |               |                |                      |                                                                                                                                        | feet from N /              |         |        |  |  |
| City:                       | State:    | Zip:          | +              |                      | GPS Location: Lat:, Long:                                                                                                              |                            |         |        |  |  |
| Contact Person:             |           |               |                |                      | GPS Location: Lat:   (e.g. xx.xxxxx)   , Long:   (e.g. xx.xxxxx)     Datum:   NAD27   NAD83   WGS84     County:   Elevation:   GL   KB |                            |         |        |  |  |
|                             |           |               |                |                      |                                                                                                                                        |                            |         |        |  |  |
|                             |           |               |                |                      | Lease Name: Well #:                                                                                                                    |                            |         |        |  |  |
| Field Contact Person:       |           |               |                |                      |                                                                                                                                        | Dil 🗌 Gas 🗌 OG 🗌 WSW 🗌 🤇   |         |        |  |  |
| Field Contact Person Phone  | e:()      |               |                |                      | SWD Permit #: ENHR Permit #:                                                                                                           |                            |         |        |  |  |
|                             |           |               |                |                      | Gas Storage Permit #:  Spud Date: Date Shut-In:                                                                                        |                            |         |        |  |  |
|                             |           |               |                | Spud Dale.           |                                                                                                                                        |                            |         |        |  |  |
|                             | Conductor | Surfa         | ace            | Production           | Intermedia                                                                                                                             | ate Liner                  | Tubing  |        |  |  |
| Size                        |           |               |                |                      |                                                                                                                                        |                            |         |        |  |  |
| Setting Depth               |           |               |                |                      |                                                                                                                                        |                            |         |        |  |  |
| Amount of Cement            |           |               |                |                      |                                                                                                                                        |                            |         |        |  |  |
| Top of Cement               |           |               |                |                      |                                                                                                                                        |                            |         |        |  |  |
| Bottom of Cement            |           |               |                |                      |                                                                                                                                        |                            |         |        |  |  |
| Casing Fluid Level from Su  | face:     |               | How Detern     | nined?               |                                                                                                                                        | Da                         | te:     |        |  |  |
| Casing Squeeze(s):          | to w      |               | sacks of cemei | nt, to               | w /                                                                                                                                    | sacks of cement. Da        | ite:    |        |  |  |
| Do you have a valid Oil & G |           |               |                | (10)                 | (bolloni)                                                                                                                              |                            |         |        |  |  |
|                             |           |               | le at          | Casing Leaks:        | Ves No                                                                                                                                 | Depth of casing leak(s):   |         |        |  |  |
|                             |           |               |                |                      |                                                                                                                                        | Depth of casing leak(s):   |         |        |  |  |
|                             |           |               |                |                      |                                                                                                                                        | Port Collar: w /           | sack of | cement |  |  |
| Packer Type:                | Size:     |               |                | Inch Set at:         |                                                                                                                                        | _ Feet                     |         |        |  |  |
| Total Depth:                | Plug B    | ack Depth:    |                | Plug Back Meth       | od:                                                                                                                                    |                            |         |        |  |  |
| Geological Date:            |           |               |                |                      |                                                                                                                                        |                            |         |        |  |  |
| Formation Name              | Formatio  | n Top Formati | on Base        |                      | Com                                                                                                                                    | pletion Information        |         |        |  |  |
| 1                           | At:       | to            | Feet           | Perforation Interval | to                                                                                                                                     | Feet or Open Hole Interval | to      | Feet   |  |  |
|                             |           | to            |                |                      |                                                                                                                                        | Feet or Open Hole Interval |         |        |  |  |

## 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:

| $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 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 |



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

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

April 13, 2021

Todd Moore Kiowa Gas Company 8150 N CENTRAL EXPY STE 750 DALLAS, TX 75206-1841

Re: Temporary Abandonment API 15-097-20250-00-00 MILLER UNIT 2 SW/4 Sec.25-27S-18W Kiowa County, Kansas

Dear Todd Moore:

"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 04/13/2022.

\* 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 04/13/2022.

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

Very truly yours,

Michael Maier"