KOLAR Document ID: 1571432

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-111
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                             |                      |                     |         | API No. 15-                     |                              |                          |               |           |             |  |
|--|----------------------|---------------------|---------|---------------------------------|------------------------------|--------------------------|---------------|-----------|-------------|--|
| Name:  |                      |                     |         | Spot Description:               |                              |                          |               |           |             |  |
| Address 1:                                     |                      |                     |         |                                 | Sec                          | Twp S. F                 | ₹             | E W       |             |  |
| Address 2:                                     |                      |                     |         |                                 |                              | feet from N              |               |           |             |  |
| City:     State:     +       Contact Person:   |                      |                     |         | feet from E / W Line of Section |                              |                          |               |           |             |  |
|  |                      |                     |         | GPS Location: Lat:              |                              |                          |               |           |             |  |
|  |                      |                     |         |                                 |                              |                          |               |           | Lease Name: |  |
|  |                      |                     |         | Field Contact Person:           |                              |                          |               |           |             |  |
| Field Contact Person Phone: ( )                |                      |                     |         |                                 | SWD Permit #: ENHR Permit #: |                          |               |           |             |  |
|  | , ( , ,              |                     |         | _                               | rage Permit #:               | <br>Date Shut-In:        |               |           |             |  |
|  | Conductor            | Surface             | Pro     | oduction                        | Intermediate                 | Liner                    | Tubing        |           |             |  |
| Size   |                      |                     |         |                                 |                              |                          |               |           |             |  |
| Setting Depth                                  |                      |                     |         |                                 |                              |                          |               |           |             |  |
| Amount of Cement                               |                      |                     |         |                                 |                              |                          |               |           |             |  |
| Top of Cement                                  |                      |                     |         |                                 |                              |                          |               |           |             |  |
| Bottom of Cement                               |                      |                     |         |                                 |                              |                          |               |           |             |  |
| Casing Fluid Level from Sur Casing Squeeze(s): |                      |                     |         |                                 |                              |                          |               |           |             |  |
| (top)<br>Do you have a valid Oil & G           |                      |                     |         | (top)                           | (bottom)                     |                          |               |           |             |  |
| Depth and Type:                                |                      |                     | Ca      | sing Leaks:                     | Yes No Depti                 | n of casing leak(s):     |               |           |             |  |
| Type Completion: ALT.                          |                      |                     |         |                                 |                              |                          |               | of cement |             |  |
| Packer Type:                                   |                      |                     |         |                                 |                              |                          |               |           |             |  |
|  |                      |                     |         |                                 |                              |                          |               |           |             |  |
| Total Depth:                                   | Plug Ba              | ck Depth:           |         | Plug Back Metho                 | od:                          |                          |               |           |             |  |
| Geological Date:                               |                      |                     |         |                                 |                              |                          |               |           |             |  |
| Formation Name Formation Top Formation Base    |                      |                     |         |                                 | Completion Information       |                          |               |           |             |  |
| 1  | At:                  | to Feet             | Perfo   | ration Interval _               | toF                          | eet or Open Hole Interva | l to          | Feet      |             |  |
| 2  | At:                  | to Feet             | Perfo   | ration Interval _               | to F                         | eet or Open Hole Interva | l to          | Feet      |             |  |
| INDED DENALTY OF DED                           | IIIDV I LIEDEDV ATTE | CT TUAT TUE INFORMA | TION CO | NITAINED LIED                   | EIN IS TOLIE AND O           |                          | JE MV KNOMI E | :DCE      |             |  |
|  |                      | Submitt             | ed Ele  | ctronically                     | /                            |                          |               |           |             |  |
|  |                      |                     |         |                                 |                              |                          |               |           |             |  |
| Do NOT Write in This Space - KCC USE ONLY      |                      |                     |         | Date Plugged:                   | Date Repaired: Date          | e Put Back in Serv       | rice:         |           |             |  |
| Review Completed by:                           |                      |                     | Comn    | nents:                          |                              |                          |               |           |             |  |
| TA Approved: Yes                               | Denied Date:         |                     |         |                                 |                              |                          |               |           |             |  |
|  |                      | Ba-tt e et e        |         |                                 | 0.0                          |                          |               |           |             |  |

## Mail to the Appropriate KCC Conservation Office:

| these been from the lot and been made one that the   | 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 |
| Similar State Stat | 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/

Laura Kelly, Governor

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

May 25, 2021

Charles Sheedy Sheedy, Charles W. dba Sheedy Energy Production Company 709 E KANSAS YATES CENTER, KS 66783-1349

Re: Temporary Abandonment API 15-207-24217-00-00 ENLOE 11 SE/4 Sec.28-25S-14E Woodson County, Kansas

## Dear Charles Sheedy:

"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 05/25/2022.

- \* 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 05/25/2022.

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

Very truly yours,

Dallas Logan ECRS"