## 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:            |               |                    |        |           |  |
|  |                                   |               |              | _                      | Se                           | ес Т          | wp S. R            |        | E 🗌 W     |  |
| Address 2:   |                                   |               |              | _                      |                              |               | feet from N /      |        |           |  |
| City:        State:       Zip:       +          Contact Person:         Phone:() |                                   |               |              |                        |                              |               |                    |        |           |  |
|  |                                   |               |              | GFS LOCALIC            |                              |               |                    |        |           |  |
|  |                                   |               |              |                        |                              |               |                    |        |           |  |
|  |                                   |               |              |                        |                              |               |                    |        |           |  |
| Field Contact Person:  |                                   |               |              | Well Type: (6          | check one) 🗌 (               | Dil 🗌 Gas 🗌   |                    | her:   |           |  |
| Field Contact Person Phone   |                                   |               |              | SWD Pe                 | SWD Permit #: ENHR Permit #: |               |                    |        |           |  |
|  |                                   |               |              |                        | rage Permit #: _             |               |                    |        |           |  |
|  |                                   |               |              | Spud Date:             |                              |               | Date Shut-In:      |        |           |  |
|  | Conductor                         | Surface       |              | Production             | Intermedia                   | ate           | Liner              | Tubing | 3         |  |
| Size   |                                   |               |              |                        |                              |               |                    |        |           |  |
| Setting Depth  |                                   |               |              |                        |                              |               |                    |        |           |  |
| Amount of Cement   |                                   |               |              |                        |                              |               |                    |        |           |  |
| Top of Cement  |                                   |               |              |                        |                              |               |                    |        |           |  |
| Bottom of Cement   |                                   |               |              |                        |                              |               |                    |        |           |  |
| Casing Fluid Level from Su   | rface:                            |               | How Determin | ied?                   |                              |               | Date               |        |           |  |
| Casing Squeeze(s):   |                                   |               |              |                        |                              |               |                    |        |           |  |
| Do you have a valid Oil & G  | as Lease? 🗌 Yes                   | No            |              |                        |                              |               |                    |        |           |  |
| Depth and Type: 🗌 Junk   | in Hole at                        | Tools in Hole | at           | Casing Leaks:          | Yes 🗌 No                     | Depth of casi | ng leak(s):        |        |           |  |
| Type Completion:   |                                   |               |              |                        |                              |               |                    |        | of cement |  |
|  |                                   |               |              |                        |                              |               | (depth)            |        |           |  |
| Packer Type:   |                                   |               | I            | nch Set at             |                              | _ reel        |                    |        |           |  |
| Total Depth:   | Plug B                            | ack Depth:    |              | Plug Back Method       | od:                          |               |                    |        |           |  |
| Geological Date:   |                                   |               |              |                        |                              |               |                    |        |           |  |
|  | Name Formation Top Formation Base |               |              | Completion Information |                              |               |                    |        |           |  |
| Formation Name   |                                   | 4.5           | Foot P       | aufauation Interval    | to                           | Feet or (     | Open Hole Interval | to     | Foot      |  |
| Formation Name 1.  | At:                               | to            | 1661 1       | enoration interval _   |                              |               |                    | 10     | 1 661     |  |

## 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 |



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

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

July 08, 2021

Mike J Fritzler01/28/2017 Whitetail Crude, Inc 14216 N US HWY 283 PO BOX 544 NESS CITY, KS 67560-0544

Re: Temporary Abandonment API 15-135-25901-00-01 STIAWALT 4 NW/4 Sec.05-20S-26W Ness County, Kansas

Dear Mike J Fritzler01/28/2017:

"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 07/08/2022.

\* 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 07/08/2022.

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

Very truly yours,

Michael Maier"