## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

|                                      |                  |                              |              |         | API No. 15-                  |                  |              |                      |        |           |
|--------------------------------------|------------------|------------------------------|--------------|---------|------------------------------|------------------|--------------|----------------------|--------|-----------|
| Name:                                |                  |                              |              |         | Spot Description:            |                  |              |                      |        |           |
| Address 1:                           |                  |                              |              |         |                              | Se               | əc           | Twp S. R.            |        | E 🗌 W     |
| Address 2:                           |                  |                              |              |         |                              |                  |              | _ feet from _ N /    | =      |           |
| City:   Zip:   +     Contact Person: |                  |                              |              |         |                              |                  |              |                      |        |           |
|                                      |                  |                              |              |         |                              |                  |              |                      |        |           |
| Contact Person Email:                |                  |                              |              |         |                              |                  |              | Well #               |        |           |
| Field Contact Person:                |                  |                              |              |         | Well Type: (d                | check one) 🗌     | Oil Gas      |                      | Other: |           |
| Field Contact Person Phone: (        |                  |                              |              |         | SWD Permit #: ENHR Permit #: |                  |              |                      |        |           |
|                                      | //               |                              |              |         |                              | rage Permit #: _ |              |                      |        |           |
|                                      |                  |                              |              |         | Spud Date:                   |                  |              | Date Shut-In:        |        |           |
|                                      | Conductor        | Surfa                        | ice          | Proc    | luction                      | Intermedi        | ate          | Liner                | Tubing | g         |
| Size                                 |                  |                              |              |         |                              |                  |              |                      |        |           |
| Setting Depth                        |                  |                              |              |         |                              |                  |              |                      |        |           |
| Amount of Cement                     |                  |                              |              |         |                              |                  |              |                      |        |           |
| Top of Cement                        |                  |                              |              |         |                              |                  |              |                      |        |           |
| Bottom of Cement                     |                  |                              |              |         |                              |                  |              |                      |        |           |
| Casing Fluid Level from Surfa        | ce:              |                              | How Deter    | rmined? |                              |                  |              | Dat                  | e:     |           |
| Casing Squeeze(s):                   | to w             | /                            | sacks of cem | ent,    | to                           | (bottom) w /     |              | sacks of cement. Dat | ie:    |           |
| Do you have a valid Oil & Gas        | Lease? Yes       | No                           |              |         |                              |                  |              |                      |        |           |
| Depth and Type: Junk in              | Hole at          | Tools in Ho                  | le at        | Cas     | ing Leaks:                   | Yes No           | Depth of ca  | sing leak(s):        |        |           |
| Type Completion: ALT. I              | ALT. II Depth    | of: DV Too                   | (depth)      | w/      | sacks                        | of cement        | Port Collar: | w /                  | sack o | of cement |
| Packer Type:                         |                  |                              |              |         |                              |                  |              |                      |        |           |
| Total Depth:                         | Plug Back Depth: |                              |              | P       | Plug Back Method:            |                  |              |                      |        |           |
| Geological Date:                     |                  |                              |              |         |                              |                  |              |                      |        |           |
| Formation Name                       | Formatio         | Formation Top Formation Base |              |         | Completion Information       |                  |              |                      |        |           |
| 1                                    | At:              | to                           | Feet         | Perfora | ation Interval _             | to               | Feet or      | Open Hole Interval   | to     | Feet      |
| 2                                    | At:              | to                           | Feet         | Perfora | ation 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: 620-682-7933 http://kcc.ks.gov/

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

July 15, 2021

J Taylor Prairie Gas Operating, LLC PO Box 2170 PO BOX 2170 TULSA, OK 74101-2170

Re: Temporary Abandonment API 15-075-20775-00-00 HENRY 2 SE/4 Sec.15-23S-40W Hamilton County, Kansas

Dear J Taylor:

"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 07/15/2022.

\* 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 07/15/2022.

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

Very truly yours,

Michael Maier"