## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#           |                                   |                    |           |                        | API No. 15                             |                  |             |               |          |            |               |
|------------------------------|-----------------------------------|--------------------|-----------|------------------------|--|------------------|-------------|---------------|----------|------------|---------------|
| Name:                        |                                   |                    |           |                        | Spot Description:                      |                  |             |               |          |            |               |
| Address 1:                   |                                   |                    |           |                        |  | Se               | ec          | Twp           | _ S. R.  |            | E W           |
| Address 2:                   |                                   |                    |           |                        |  |                  |             |               |          |            |               |
| City:                        | State:                            | Zip:               | +         |                        |  |                  |             |               |          |            |               |
| Contact Person:              |                                   |                    |           |                        |  |                  |             |               |          |            |               |
| Phone:()                     |                                   |                    |           |                        | Datum:  NAD27  NAD83  WGS84    County: |                  |             |               |          |            |               |
| Contact Person Email:        |                                   |                    |           |                        |  | e:               |             |               |          |            |               |
| Field Contact Person:        |                                   |                    |           |                        | Well Type: (a                          | check one) 🗌 (   | Oil Gas     | OG WS         | sw 🗌 o   | ther:      |               |
| Field Contact Person Phone   |                                   |                    |           |                        |  | rmit #:          |             |               | R Permit | #:         |               |
|                              | ·()                               |                    |           |                        |  | rage Permit #: _ |             |               |          |            |               |
|                              |                                   |                    |           |                        | Spud Date: _                           |                  |             | Date Shut-I   | n:       |            |               |
|                              | Conductor                         | Surfac             | ce        | Produc                 | ction                                  | Intermedia       | ate         | Liner         |          | Tu         | bing          |
| Size                         |                                   |                    |           |                        |  |                  |             |               |          |            |               |
| Setting Depth                |                                   |                    |           |                        |  |                  |             |               |          |            |               |
| Amount of Cement             |                                   |                    |           |                        |  |                  |             |               |          |            |               |
| Top of Cement                |                                   |                    |           |                        |  |                  |             |               |          |            |               |
| Bottom of Cement             |                                   |                    |           |                        |  |                  |             |               |          |            |               |
| Casing Fluid Level from Surf | 200                               |                    | How Dotor | minod?                 |  |                  |             |               | Date     | <b>.</b> . |               |
| Casing Squeeze(s):           |                                   |                    |           |                        |  |                  |             |               |          |            |               |
| Do you have a valid Oil & Ga | as Lease? 🗌 Yes                   | No                 |           |                        |  |                  |             |               |          |            |               |
| Depth and Type: 🗌 Junk in    | n Hole at                         | Tools in Hole      | e at      | Casin                  | g Leaks:                               | Yes No           | Depth of ca | sing leak(s): |          |            |               |
|                              |                                   |                    |           |                        |  |                  |             |               |          |            |               |
| Type Completion: ALT.        |                                   |                    |           |                        |  |                  |             | (depth)       | w /      | Sa         | ick of cement |
| Packer Type:                 | Size: .                           |                    |           | _ Inch Set             | at:                                    |                  | _ Feet      |               |          |            |               |
| Total Depth:                 | Plug B                            | Plug Back Depth: F |           |                        | Plug Back Method:                      |                  |             |               |          |            |               |
| Geological Date:             |                                   |                    |           |                        |  |                  |             |               |          |            |               |
| Formation Name               | Name Formation Top Formation Base |                    |           | Completion Information |  |                  |             |               |          |            |               |
| 1                            | At:                               | to                 | Feet      | Perforati              | on Interval _                          | to               | Feet or     | Open Hole I   | nterval_ | to         | Feet          |
| I                            |                                   |                    |           |                        |  |                  |             |               |          |            |               |

## 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                      | nied 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: 620-902-6450 http://kcc.ks.gov/

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

July 15, 2021

Tammy Andrea Veenker Resources, Inc. PO BOX 14339 OKLAHOMA CITY, OK 73113-0339

Re: Temporary Abandonment API 15-003-20220-00-00 MILLER B 101 SW/4 Sec.29-22S-21E Anderson County, Kansas

Dear Tammy Andrea:

"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,

Keith Carswell ECRS"