Form must be Typed

TEMPORARY ABANDON

OPERATOR: License# _____

Contact Person Email: _____

Field Contact Person Phone: (_____) ____

Casing Fluid Level from Surface:_____

Do you have a valid Oil & Gas Lease? Yes No

Conductor

Casing Squeeze(s): _____ to ____ w / ____ sacks of cement,

Depth and Type:

Junk in Hole at _____ Tools in Hole at _____ (depth) Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth)

___ Size: ___

__ Plug Back Depth: __

Formation Top Formation Base ____ At: ____ to ____ Feet

Surface

Name: __ Address 1: Address 2: ___

Size

Setting Depth Amount of Cement Top of Cement **Bottom of Cement**

Packer Type: ___

Total Depth: ___

Geological Date: Formation Name

Contact Person: ____ Phone:(_____) __

Field Contact Person: ___

ABAN	DONM	IENT W	ELL APPLICA	TION AII	Form must be signed I blanks must be complete					
		API No. 15-								
			Sec	Twp S. R.						
+			on: Lat:	_	_					
		GPS Location: Lat:, Long:								
		County: Elevation: GL I								
		Lease Name: Well #:								
		Well Type: (check one) Oil Gas OG WSW Other: SWD Permit #: ENHR Permit #:								
		Gas Sto	orage Permit #:							
		Spud Date: Date Shut-In:								
face	Pro	duction	Intermediate	Liner	Tubing					
How Do	termined?			Da	to:					
_	,	(top)	(bottom)							
-14	0-	ain a Landau - T	7V							
(depi	th)		Yes No Depth of							
			s of cement Port Coll	ar:w /	sack of cement					
	Inch	Set at:	Feet							
	F	Plug Back Meth	od:							
cion Base Completion Information										
Feet	Perfo	ration Interval .	toFeet	or Open Hole Interval	toFeet					
Feet	Perfo	ration Interval -	to Feet	or Open Hole Interval	toFeet					
IE INEODM/	TION CON	NTAINED HED	EIN IS TOLIE AND COD	DECT TO THE DECT OF	E MV KNOW! EDGE					
Submitt	ed Ele	ctronicall	У							
		•	•							

Submitted El

Do NOT Write in This Space - KCC USE ONLY	Date Tested:	Results:	Date Plugged:	Date Repaired:	Date Put Back in Service:
Review Completed by:		Comments:			
TA Approved: Yes D	enied Date:				

Mail to the Appropriate KCC Conservation Office:



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

July 16, 2021

DEB BALLARD Colt Energy Inc PO BOX 388 IOLA, KS 66749-0388

Re: Temporary Abandonment API 15-099-22102-00-00 SECKMAN 2 SW/4 Sec.07-33S-18E Labette County, Kansas

Dear DEB BALLARD:

"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 07/16/2022.

- * 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 07/16/2022.

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

Very truly yours,

Alan Dunning ECRS"