## 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:()                    |                  |                              |              |         |                        |                 |              |                |          |      | GI      | Пкв    |
| Contact Person Email:       |                  |                              |              |         | -                      | e:              |              |                |          |      |         |        |
| Field Contact Person:       |                  |                              |              |         | Well Type: (           | check one) 🗌    | Oil Gas      |                | V 🗌 OI   | her: |         |        |
| Field Contact Person Phor   |                  |                              |              |         | •••••                  | ermit #:        |              |                |          |      |         |        |
| Field Contact Person Pho    | le. ( )          |                              |              |         |                        | rage Permit #:_ |              |                |          |      |         |        |
|                             |                  |                              |              |         | Spud Date:             |                 |              | Date Shut-In   |          |      |         |        |
|                             | Conductor        | Surfa                        | ace          | Pro     | duction                | Intermedi       | ate          | Liner          |          |      | Tubing  |        |
| Size                        |                  |                              |              |         |                        |                 |              |                |          |      |         |        |
| Setting Depth               |                  |                              |              |         |                        |                 |              |                |          |      |         |        |
| Amount of Cement            |                  |                              |              |         |                        |                 |              |                |          |      |         |        |
| Top of Cement               |                  |                              |              |         |                        |                 |              |                |          |      |         |        |
| Bottom of Cement            |                  |                              |              |         |                        |                 |              |                |          |      |         |        |
|                             |                  |                              |              | . 10    |                        |                 |              |                |          |      |         |        |
| Casing Fluid Level from Su  |                  |                              |              |         |                        |                 |              |                |          |      |         |        |
| Casing Squeeze(s):          | ) to v           | V /                          | sacks of cem | ent,    | to                     | (bottom) W /    | 9            | sacks of cemei | nt. Date | e:   |         |        |
| 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 cas | sina leak(s):  |          |      |         |        |
|                             |                  |                              | ,            |         |                        |                 |              |                |          |      |         |        |
| Type Completion: AL         |                  |                              | ,            |         |                        |                 |              | (depth)        | W/       |      | Sack of | cement |
| Packer Type:                | Size:            |                              |              | Inch \$ | Set at:                |                 | Feet         |                |          |      |         |        |
| Total Depth:                | Plug E           | Plug Back Depth: Plug B      |              |         |                        | ig Back Method: |              |                |          |      |         |        |
| Geological Date:            |                  |                              |              |         |                        |                 |              |                |          |      |         |        |
| Formation Name              | Formatic         | Formation Top Formation Base |              |         | Completion Information |                 |              |                |          |      |         |        |
| 1                           | At:              | to                           | Feet         | Perfor  | ation Interval         | to              | Feet or      | Open Hole Int  | erval_   |      | to      | Feet   |
| 2                           | At:              | to                           | Feet         | Perfor  | ation Interval -       | to              | Feet or      | Open Hole Int  | erval    |      | to      | Feet   |
|                             |                  |                              |              |         |                        |                 |              | opon noio m    |          |      |         |        |

## 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:

| These lists are not us an first many and were the start  | 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 |
| Home <th< td=""><td>KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651</td><td>Phone 785.261.6250</td></th<> | 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/

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

July 20, 2021

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

Re: Temporary Abandonment API 15-107-24633-00-00 LANHAM (363) 022222 AA-2 NW/4 Sec.02-22S-22E Linn 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 07/20/2022.

\* 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 07/20/2022.

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

Very truly yours,

Keith Carswell ECRS"