## TEMPORARY ABANDONMENT WELL APPLICATION

July 2017
Form must be Typed
Form must be signed
II blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

				I											
OPERATOR: License#					API No. 15-										
Name:				Spot Description:											
Address 1:							R								
Address 2:				1			I / S Line of Section								
City:				GPS Location: Lat:, feet from E / W Line of Section, Long:											
Contact Person:				(e.g. xx.xxxxx) (e.gxxx.xxxxx)  Datum: NAD27 NAD83 WGS84											
Phone:()				County: Elevation: GL KB											
Contact Person Email:					Lease Name: Well #:										
Field Contact Person: )				Well Type: (check one)  Oil  Gas  OG  WSW  Other:  SWD Permit #: ENHR Permit #:  Gas Storage Permit #:  Spud Date: Date Shut-In:											
												Spud Date		Date Shut-in	
									Conductor	Surface	Pro	oduction	Intermediate	Liner	Tubing
Size															
Setting Depth															
Amount of Cement															
Top of Cement															
Bottom of Cement															
Casing Fluid Level from Su	rface:	How D	etermined?				Date:								
Casing Squeeze(s): to w / sacks of cement, to w / sacks of cement. Date:															
		_		(top)	(bottom)										
Do you have a valid Oil & G															
Depth and Type:	in Hole at	Tools in Hole at	Ca	sing Leaks:	Yes No Depth of	f casing leak(s):									
Type Completion: ALT															
Packer Type:						(depth)									
Total Depth:	Plug Bad	ck Denth:		Plug Back Meth	ood:										
	ug 2	<u></u>													
Geological Date:															
Formation Name Formation Top Formation Base Completion Information															
At: to Feet Perfora				ration Interval to Feet or Open Hole Interval to Feet											
2	At:	to Fee	et Perfo	ration Interval	to Fee	t or Open Hole Interv	al toFeet								
LINDED DENALTY OF DE	O ILIDV I HEDEDV ATTE	CT TUAT TUE INCODM	IATION CO	NTAINED HE	DEIN IS TOLIE AND COL		OE MV KNOW! EDGE								
		Submit	ted Ele	ctronical	У										
Do NOT Write in This Date Tested: Results:  Space - KCC USE ONLY					Date Plugged:	Date Repaired: Da	te Put Back in Service:								
					Date i lugged.	Date Repaired. Da	te i ut back iii deivice.								
•															
Review Completed by:			Comr	nents:											
TA Approved: Yes	Denied Date:														
		Mail to the Ap	propriate	KCC Conser	vation Office:										
Strains Spring Street State State State and Strains in	KCC Distr	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, B			-	Phone 316.337.7400									

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

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 28, 2021

Buddy Finney Kodiak Energy LLC PO BOX 3 CANEY, KS 67333-0003

Re: Temporary Abandonment API 15-125-02267-00-00 BURROWS 5 SE/4 Sec.01-34S-15E Montgomery County, Kansas

## Dear Buddy Finney:

- "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 07/28/2022.
- \* 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 07/28/2022.

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

Very truly yours,

Levi Burnett ECRS"