KOLAR Document ID: 1585587

Kansas Corporation Commission Oil & Gas Conservation Division

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

## TEMPORARY ABANDONMENT WELL APPLICATION

| Name:   |                      |               |         |                 | API No. 15-       |                   |                       |               |                        |                |        |                       |  |  |  |  |  |  |  |  |  |
|---|----------------------|---------------|---------|-----------------|-------------------|-------------------|-----------------------|---------------|------------------------|----------------|--------|-----------------------|--|--|--|--|--|--|--|--|--|
|   | Name:                |               |         |                 |                   | Spot Description: |                       |               |                        |                |        |                       |  |  |  |  |  |  |  |  |  |
| Address 1:  |                      |               |         |                 |                   | Se                | o                     | _ Twp         | S. R                   | E              | w      |                       |  |  |  |  |  |  |  |  |  |
| Address 2:  |                      |               |         |                 |                   |                   |                       |               |                        |                |        |                       |  |  |  |  |  |  |  |  |  |
| City:       State:       Zip:       +                                       |                      |               |         |                 |                   |                   |                       |               |                        |                |        |                       |  |  |  |  |  |  |  |  |  |
|   |                      |               |         |                 |                   |                   |                       |               |                        |                |        | Contact Person Email: |  | Lease Name: Well #: Well #: Well Type: (check one) |  |  |  |  |  |  |  |
|   |                      |               |         |                 |                   |                   |                       |               |                        |                |        | Field Contact Person: |  |  |  |  |  |  |  |  |  |
| Field Contact Person Phone:   |                      |               |         |                 | SWD Pe            | ermit #:          |                       | _ ENH         | R Permit #:            |                |        |                       |  |  |  |  |  |  |  |  |  |
| riola contact releast riolie.   | ()                   |               |         |                 |                   | rage Permit #:_   |                       |               | .ln·                   |                |        |                       |  |  |  |  |  |  |  |  |  |
|   |                      | 1             |         |                 | Opud Date.        |                   |                       | Date onat     |                        |                |        |                       |  |  |  |  |  |  |  |  |  |
|   | Conductor            | Surface       | e       | Pro             | duction           | Intermedia        | te                    | Liner         |                        | Tubing         |        |                       |  |  |  |  |  |  |  |  |  |
| Size  |                      |               |         |                 |                   |                   |                       |               |                        |                |        |                       |  |  |  |  |  |  |  |  |  |
| Setting Depth   |                      |               |         |                 |                   |                   |                       |               |                        |                |        |                       |  |  |  |  |  |  |  |  |  |
| Amount of Cement  |                      |               |         |                 |                   |                   |                       |               |                        |                |        |                       |  |  |  |  |  |  |  |  |  |
| Top of Cement   |                      |               |         |                 |                   |                   |                       |               |                        |                |        |                       |  |  |  |  |  |  |  |  |  |
| Bottom of Cement  |                      |               |         |                 |                   |                   |                       |               |                        |                |        |                       |  |  |  |  |  |  |  |  |  |
| Depth and Type:  Junk in Type Completion:  ALT. I Packer Type: Total Depth: | ALT. II Depth o      | of: DV Tool:  | (depth) | w / _<br>Inch : | sacks<br>Set at:  | s of cement       | Port Collar<br>- Feet | :(depth)      |                        |                | cement |                       |  |  |  |  |  |  |  |  |  |
| Formation Name  | Formation            | Top Formation | Base    |                 |                   | Comp              | letion Info           | rmation       |                        |                |        |                       |  |  |  |  |  |  |  |  |  |
| 1   | At:                  | to            | Feet    | Perfor          | ation Interval _  | to                | Feet o                | r Open Hole I | Interval               | to             | Feet   |                       |  |  |  |  |  |  |  |  |  |
| 2   | At:                  | to            | Feet    | Perfor          | ration Interval _ | to                | Feet o                | r Open Hole I | Interval               | to             | Feet   |                       |  |  |  |  |  |  |  |  |  |
| IINDED BENALTV OF BED   | ILIDV I LIEDEDV ATTE |               |         |                 | ctronically       |                   | ID COBBI              | ECTTOTUE E    | DEST OF M              | V KNOMI E      | DCE.   |                       |  |  |  |  |  |  |  |  |  |
|   |                      |               | ılter   | Date Plugged:   |                   | d: Da             | Date Repaired: Date   |               | e Put Back in Service: |                |        |                       |  |  |  |  |  |  |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY                                | Date Tested:         |               | Resi    |                 |                   | Date Plugge       | u. — —                |               |                        | Dack III Selvi |        |                       |  |  |  |  |  |  |  |  |  |
|   |                      | _             |         |                 | ents:             | Date Plugge       |                       | ·             |                        | Dack III Gelvi |        |                       |  |  |  |  |  |  |  |  |  |

## Mail to the Appropriate KCC Conservation Office:

| Notes their from the table to an Area Seed and their second to the com-   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|---|--|--------------------|
| Name   Name | 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 |
| See   | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

WHITE FALLS, TEXAS, 76302 ECHOMETER COMPANY 5001 DITTO LANE, WICHITA FALLS, TEXAS 76302

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Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

Laura Kelly, Governor

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

August 12, 2021

Spencer Siroky Siroky Oil Management PO BOX 464 PRATT, KS 67124-0464

Re: Temporary Abandonment API 15-097-20788-00-01 HOFF 2-13 NE/4 Sec.13-27S-16W Kiowa County, Kansas

## Dear Spencer Siroky:

- "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 08/12/2022.
- \* 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 08/12/2022.

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

Very truly yours,

Michael Maier"