Phone 620.682.7933

Phone 316.337.7400

Phone 620.902.6450 Phone 785.261.6250

## TEMPORARY ABANDONME

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

\_\_ Size: \_\_\_

\_\_\_ Plug Back Depth: \_\_\_

\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_ \_ \_ \_ \_

Surface

\_\_\_ How Determined? \_\_\_

Inch Set at:

Casing Squeeze(s): \_\_\_\_\_ to \_\_\_\_ to \_\_\_\_ w / \_\_\_\_ sacks of cement, \_\_\_\_ to \_\_\_\_ w / \_\_\_\_ sacks of cement. Date: \_\_\_\_\_

Address 1: Address 2: \_\_\_

Size

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

Packer Type: \_\_\_\_

Total Depth: \_\_\_\_

Contact Person: \_\_\_ Phone:( \_\_\_\_\_ ) \_\_

Field Contact Person: \_\_\_\_

ISE	RVATION D	DIVISION		Form must be Typed			
IM	ENT W	ELL APPLICA	TION	Form must be signed All blanks must be complete			
_							
- - -	<u>-</u>	iption: Sec	Twp feet from	S. R	s	EW Line of Section	
-   -   -   -	Datum: County: Lease Nam Well Type: (SWD Pe	NAD27 NAD83 Elevie: Oil Gaermit #:	: (e.gxxx.xxxxx)				
Production		Intermediate	Liner		Tubing		

Geological Date:									
Formation Name	tion Name Formation Top Formation Base		on Base	Completion Information					
1	At:	to	Feet	Perforation Interval	to	Feet or Open Hole Interval	to	Feet	
2	At:	to	Feet	Perforation Interval	to	Feet or Open Hole Interval	to	Feet	
UNDED DENALTY OF DED III	DV I UEDEDV AT	FERT TUAT TUE	INFORMAT	ON CONTAINED HEDEIN	LICTRIE A	AND CODDECT TO THE DEST OF M	V KNOWI E	DOE	

Depth and Type: Unk in Hole at Udepth) Tools in Hole at Udepth) Tools in Hole at Udepth) Casing Leaks: Yes No Depth of casing leak(s): Use Completion: ALT. I ALT. II Depth of: DV Tool: W / Sacks of cement Port Collar: (depth) W / Sacks of cement Depth Collar: (depth) W / Sacks of c

Plug Back Method: \_\_\_

## Submitted Electronically

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 C	Denied 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

September 23, 2021

Jonathan Freiden Ace Energy LLC 11704 ABERDEEN RD LEAWOOD, KS 66211-2921

Re: Temporary Abandonment API 15-133-02198-00-00 JAMES JOHN C-165 SE/4 Sec.26-29S-17E Neosho County, Kansas

## Dear Jonathan Freiden:

"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 09/23/2022.

- \* 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 09/23/2022.

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

Very truly yours,

Levi Burnett ECRS"