## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                 |                       |                              |                 | API No. 15                      |                |                          |           |           |        |
|------------------------------------|-----------------------|------------------------------|-----------------|---------------------------------|----------------|--------------------------|-----------|-----------|--------|
|                                    |                       |                              |                 | Spot Description:               |                |                          |           |           |        |
| Address 1:                         |                       |                              |                 |                                 | Se             | ec Twp S                 | S. R      | E         | W      |
| Address 2:                         |                       |                              |                 |                                 |                | feet from                |           |           |        |
| City:                              | State:                | Zip:                         | _ +             | feet from E / W Line of Section |                |                          |           |           |        |
| Contact Person:                    |                       |                              |                 | GPS Location: Lat:              |                |                          |           |           |        |
|                                    |                       |                              |                 |                                 |                |                          |           |           |        |
|                                    |                       |                              |                 | Well Type: (a                   | check one) 🗌 ( | Oil 🗌 Gas 🗌 OG 🗌 WSW     | Other: _  |           |        |
|                                    | Field Contact Person: |                              |                 |                                 |                | ENHR P                   | Permit #: |           |        |
|                                    | .()                   |                              |                 |                                 |                |                          |           |           |        |
|                                    |                       |                              |                 | Spud Date:_                     |                | Date Shut-In:            |           |           |        |
|                                    | Conductor             | Surface                      | Pro             | oduction                        | Intermedia     | ate Liner                |           | Tubing    |        |
| Size                               |                       |                              |                 |                                 |                |                          |           |           |        |
| Setting Depth                      |                       |                              |                 |                                 |                |                          |           |           |        |
| Amount of Cement                   |                       |                              |                 |                                 |                |                          |           |           |        |
| Top of Cement                      |                       |                              |                 |                                 |                |                          |           |           |        |
| Bottom of Cement                   |                       |                              |                 |                                 |                |                          |           |           |        |
| Casing Fluid Level from Sur        | face:                 |                              | How Determined? |                                 |                |                          | Date:     |           |        |
| Casing Squeeze(s):                 |                       |                              |                 |                                 |                |                          |           |           |        |
| Do you have a valid Oil & Ga       | as Lease? Yes         | No                           |                 |                                 |                |                          |           |           |        |
|                                    |                       |                              | at Ca           | sing Looks:                     |                | Dopth of casing leak(s): |           |           |        |
| Depth and Type: Junk i             |                       |                              |                 |                                 |                |                          |           |           |        |
| Type Completion: ALT.              | I ALT. II Depth       | of: DV Tool: _               | w /w /          | sacks                           | of cement      | Port Collar: (depth)     | w /       | sack of c | cement |
| Packer Type:                       | Size: _               |                              | Inch            | Set at:                         |                | Feet                     |           |           |        |
| Total Depth:                       | Plug Ba               | ack Depth:                   |                 | Plug Back Metho                 | od:            |                          |           |           |        |
|                                    |                       |                              |                 |                                 |                |                          |           |           |        |
| Geological Date:                   |                       | Formation Top Formation Base |                 | Completion Information          |                |                          |           |           |        |
| Geological Date:<br>Formation Name | Formation             | n Top Formation              | Base            |                                 | 0011           |                          |           |           |        |
| Ū.                                 |                       | n Top Formation              |                 | ration Interval _               |                | Feet or Open Hole Inte   | erval     | _ to      | _Feet  |

## 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                          | enied Date:  |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

|  | 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 |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |



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

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

September 30, 2021

BRIAN J MCCOY Edison Operating Company LLC 8100 E. 22ND ST. N., BLDG 1900 WICHITA, KS 67226-2319

Re: Temporary Abandonment API 15-189-20638-00-00 HOLT THOMAS T 2-10 W/2 Sec.10-33S-36W Stevens County, Kansas

Dear BRIAN J MCCOY:

"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 09/30/2022.

\* 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 09/30/2022.

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

Very truly yours,

Michael Maier"