July 2017 Form must be Typed Form must be signed

## **TEMPO**

Date: \_

Review Completed by: \_\_\_

TA Approved: Yes Denied

| ODED ATOD: Liannas                        |                               |   | ADIAL 45             |  |   |                     |  |  |
|---|-------------------------------|---|----------------------|--|---|---------------------|--|--|
| OPERATOR: License#                        |                               | API No. 15-   |                      |  |   |                     |  |  |
|   | Name:                         |   |                      |  | Spot Description:         Sec.         S. R E W |                     |  |  |
| Address 1:                                |                               |   |                      | feet from ☐ N / ☐ S Line of Section  feet from ☐ E / ☐ W Line of Section  GPS Location: Lat: |   |                     |  |  |
|   |                               |   |                      |  |   |                     |  |  |
| City:                                     | GF3 Lucai                     |   |                      |  |   |                     |  |  |
|   | one:( )                       |   |                      |  | Datum: NAD27 NAD83 WGS84                        |                     |  |  |
|   | one:( )                       |   |                      | County: Elevation: GL KB   |   |                     |  |  |
| Contact Person Email:                     |                               |   | Lease Name:          |  |   |                     |  |  |
| Field Contact Person:                     |                               |   |                      |  |   |                     |  |  |
| Field Contact Person Phon                 | eld Contact Person Phone: ( ) |   |                      |  | Gas Storage Permit #:                           |                     |  |  |
|   |                               |   | -                    | -  | Date Shut-In:                                   |                     |  |  |
|   | Conductor                     | Surface   | Production           | Intermediate   | Liner   | Tubing              |  |  |
| Size                                      | Conductor                     | Surface   | Troduction           | memediate  | Linei   | rubing              |  |  |
| Setting Depth                             |                               |   |                      |  |   |                     |  |  |
| Amount of Cement                          |                               |   |                      |  |   |                     |  |  |
| Top of Cement                             |                               |   |                      |  |   |                     |  |  |
| Bottom of Cement                          |                               |   |                      |  |   |                     |  |  |
| Do you have a valid Oil & C               | Gas Lease? Yes in Hole at     | No Tools in Hole at                                 | Casing Leaks:        | Yes No Depth   | of casing leak(s): w /                          |                     |  |  |
| Packer Type:                              |                               |   |                      |  |   |                     |  |  |
| Total Depth:                              |                               |   |                      |  |   |                     |  |  |
| Geological Date:                          |                               |   |                      |  |   |                     |  |  |
| Formation Name                            | Formation                     | Formation Top Formation Base Completion Information |                      |  |   |                     |  |  |
| 1   | At:                           | to Feet   | Perforation Interval | to Fee   | et or Open Hole Interval_                       | to Feet             |  |  |
| 2   | At:                           | to Feet   | Perforation Interval | to Fee   | et or Open Hole Interval _                      | toFeet              |  |  |
|   |                               |   |                      |  |   |                     |  |  |
| IINDED BENALTY OF BE                      | B IIIBV I UEBEBV ATTE         | _   | d Electronical       |  | DDEATTA THE DEAT AE                             | MV NAME ERCE        |  |  |
| Do NOT Write in This Space - KCC USE ONLY | Date Tested:                  | Res   | sults:               | Date Plugged:  | Date Repaired: Date P                           | ut Back in Service: |  |  |

## Mail to the Appropriate KCC Conservation Office:

\_ Comments: \_

| There has been the too he are their many that was the con-   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| 1000      | 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 |
| Since Street State | 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/

Laura Kelly, Governor

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

October 22, 2021

Julie Barber Haas Petroleum, LLC PO BOX 8396 PRAIRIE VILLAGE, KS 66208-1936

Re: Temporary Abandonment API 15-207-26783-00-00 STAUFFER 9-2 NE/4 Sec.09-24S-15E Woodson County, Kansas

## Dear Julie Barber:

Your application for Temporary Abandonment (TA) for the above-listed well is denied for the following reasons(s):

## Lack of Surface Control/Needs Shut-In with Swedge and Valve

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by 11/21/2021.

This deadline does NOT override any compliance deadline given to you in any Commission Order.

You may contact me if you have any questions.

Sincerely, Dallas Logan ECRS KCC DISTRICT 3