July 2017 Form must be Typed Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

OPERATOR: License#					API No. 15-				
Name:					Spot Description:				
Address 1:					Sec Twp S. R E W feet from N / S Line of Section				
									City: State: Zip: +
Contact Person:					GPS Location: Lat:, Long:				
Phone:()					Datum: NAD27 NAD83 WGS84 County:				
(Lease Name: Well #:				
Contact Person Email:					Well Type: (check one) Oil Gas OG WSW Other:				
Field Contact Person:					SWD Permit #: ENHR Permit #:				
Field Contact Person Phone: ()					Gas Storage Permit #:				
					Spud Date:		Date Shut-In:		
	Conduc	ctor	Surface	Pro	oduction	Intermediate	Liner	Tubing	
Size									
Setting Depth									
Amount of Cement									
Top of Cement									
Bottom of Cement									
Casing Fluid Level from Su	ırface.		How De	termined?			D)ate:	
Casing Fluid Level from Surface: How Determined? Casing Squeeze(s): to w / sacks of cement, to w / sacks of cement.									
		,			(тор)	(bottom)			
Do you have a valid Oil & C									
Depth and Type:	in Hole at	Too	ols in Hole at	Ca	sing Leaks:	Yes No Depth o	f casing leak(s):		
Type Completion: ALT	T. I ALT. II	Depth of:	DV Tool:	w/_	sack	s of cement Port Co	llar: w / .	sack of cement	
Packer Type:							(depth)		
Total Depth:	ral Depth: Plug Back Depth: F					Plug Back Method:			
Geological Date:									
Formation Name	ı	Formation Top	Formation Base			Completion In	nformation		
At: to Feet Perforation Interval to Feet or Open Hole Interval to								l to Feet	
?						ration Interval toFeet or Open Hole Interval toFeet			
		,		1 0110	ration into var		or open ridio interva		
INDED DENALTY OF DE	B IIIBV I UEBI	DV ATTECT TI	JATTUE INEODMA	TION CO	NITAINED LIEB	EIN IS TOLIE AND COR	DECT TO THE DECT	JE MV KNOWI EDGE	
			Submitte	ed Ele	ctronicall	y			
Do NOT Write in This	Date	Tested:	P	eculte.		Date Plugged:	Date Repaired: Date	e Put Back in Service:	
Do NOT Write in This Date Tested: Results: Space - KCC USE ONLY					Date i lugged. Date Repaired. Date i di Dack in Gervice.				
Daview Consulated how				0					
Review Completed by: TA Approved: Yes	Denied	Date:		Comm	nents:				
				·	_				
	,		Mail to the App	ropriate l	KCC Conserv	vation Office:			
Depart Spire Seas Seas State Sea Sea Seas Season	KCC District Office #1 - 210 E. Frontview, Suit				e 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

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

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

November 17, 2021

Bryant Theis SoKan Operating, LLC PO BOX 82 MEDICINE LODGE, KS 67104-0082

Re: Temporary Abandonment API 15-007-19043-00-00 E K SOOTER A 1-2 NE/4 Sec.02-34S-14W Barber County, Kansas

Dear Bryant Theis:

"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 11/17/2022.

- * 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 11/17/2022.

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

Very truly yours,

Michael Maier"