KOLAR Document ID: 1601202

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-111 July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

| ronn must be rypeu          |
|-----------------------------|
| Form must be signed         |
| All blanks must be complete |

Phone 620.902.6450

Phone 785.261.6250

|   |                  |  |            | 1   |                              |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
|---|------------------|--|------------|---|------------------------------|---------------------|-------------------------|--|-------------------------------|---|--|--|--|---|--|-----------------------|--|
| OPERATOR: License#                        |                  |  |            | API No. 15-         Spot Description:         Sec.       Twp S. R E W                       |                              |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
|   |                  |  |            |   |                              |                     |                         |  | Address 1:                    |   |  |  |  |   |  | I / S Line of Section |  |
| Address 2:                                |                  |  |            |   |                              |                     | : / W Line of Section   |  |                               |   |  |  |  |   |  |                       |  |
| City:                                     |                  |  |            | GPS Location: Lat:, Long:   |                              |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
| Contact Person:                           |                  |  |            | Datum: _  | NAD27 NAD83                  | WGS84               |                         |  |                               |   |  |  |  |   |  |                       |  |
| Phone:( )                                 |                  |  |            | County: Elevation: GL KB  Lease Name: Well #:  Well Type: (check one) Oil Gas OG WSW Other: |                              |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
|   |                  |  |            |   |                              |                     |                         |  | Field Contact Person Phone: ( | ) |  |  | ☐ SWD Permit #:         ☐ ENHR Permit #:           ☐ Gas Storage Permit #: |   |  |                       |  |
|   |                  |  |            |   |                              |                     |                         |  |                               |   |  |  |  | : |  |                       |  |
|   |                  |  |            |   |                              |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
|   | Conductor        | Surface  | Pro        | oduction  | Intermediate                 | Liner               | Tubing                  |  |                               |   |  |  |  |   |  |                       |  |
| Size Satting Danth                        |                  |  |            |   |                              |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
| Setting Depth                             |                  |  |            |   |                              |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
| Amount of Cement                          |                  |  |            |   |                              |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
| Top of Cement  Bottom of Cement           |                  |  |            |   |                              |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
| Bottom or Cement                          |                  |  |            |   |                              |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
| Casing Fluid Level from Surface:          |                  | How D  | etermined? |   |                              | [                   | Date:                   |  |                               |   |  |  |  |   |  |                       |  |
| Casing Squeeze(s): to to                  | w/               | sacks of o   | cement, _  | to _  | w/                           | sacks of cement. I  | Date:                   |  |                               |   |  |  |  |   |  |                       |  |
| Depth and Type:                           | ALT. II Depth of | DV Tool:(depti   | w / _      | sack  | s of cement Port Co          |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
| Total Depth:                              | Plug Back        | Depth:   |            | Plug Back Metl  | nod:                         |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
| Geological Date:                          |                  |  |            |   |                              |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
| Formation Name                            | Formation T      | op Formation Base  |            |   | Completion In                | nformation          |                         |  |                               |   |  |  |  |   |  |                       |  |
| 1   |                  |  | et Perfo   | ration Interval   | ·                            |                     | al toFeet               |  |                               |   |  |  |  |   |  |                       |  |
| ···                                       |                  | to Fee   |            |   | to Feet                      |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
| -   | / W.             |  |            |   |                              | о. орон ного штог и |                         |  |                               |   |  |  |  |   |  |                       |  |
| INDED DENALTY OF BED HIDV                 | HEDEDV ATTEC     | TTUATTUE INFORM  | IATION CO  | NITAINED HE   | DEIN IS TOLIE AND COD        | DECT TO THE DEST    | OE MV KNOW! EDGE        |  |                               |   |  |  |  |   |  |                       |  |
|   |                  | Submit   | tted Ele   | ctronical   | У                            |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
|   |                  |  |            |   |                              |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
|   |                  |  |            |   |                              |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
| Do NOT Write in This Space - KCC USE ONLY | Date Tested:     |  | Results:   |   | Date Plugged:                | Date Repaired: Dat  | te Put Back in Service: |  |                               |   |  |  |  |   |  |                       |  |
| Space - NGC USE ONLI                      |                  |  |            |   |                              |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
| Review Completed by:                      |                  |  | Comn       | nents:  |                              |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
| TA Approved: Yes Der                      | nied Date: _     |  |            |   |                              |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
|   |                  | Mail to the Ap   | propriate  | KCC Conser  | vation Office:               |                     |                         |  |                               |   |  |  |  |   |  |                       |  |
| Now take how how has no make any house    | KCC Distric      | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 |            |   |                              |                     | Phone 620.682.7933      |  |                               |   |  |  |  |   |  |                       |  |
|   | _                |  |            |   | Suite 601, Wichita, KS 6     | 7226                | Phone 316.337.7400      |  |                               |   |  |  |  |   |  |                       |  |
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KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

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

| ECHOMETER COMPANY PHONE-940-767-4334 | B 9 5 1 0                               | HONE-940-767-4334 A 10.0 L.8 | AT<br>PRODUCTION RATE | MELL Shankan  CASING PRESSURE  |
|--------------------------------------|---|------------------------------|-----------------------|--|
| B 0 0 0                              | 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |                              | PROD RATE EFF, %      | JOINTS TO LIQUID24  DISTANCE TO LIQUID2348                                 |
|                                      | ro do                                   |                              | P-P 0,019 mV          | 11/27/2021 13:46:14<br>QUIET WELL<br>UPPER COLLARS A: 10.0<br>P-P 0.012 mV |

Conservation Division District Office No. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226



Phone: 316-337-7400 Fax: 316-630-4005 http://kcc.ks.gov/

Laura Kelly, Governor

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

December 02, 2021

Lucy Walline
Excalibur Production Company, Inc.
1016 N MAIN
PO BOX 278
MCPHERSON, KS 67460-0278

Re: Temporary Abandonment API 15-155-20730-00-00 GRANDON 2 NW/4 Sec.04-24S-04W Reno County, Kansas

## Dear Lucy Walline:

"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 12/02/2022.

- \* 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 12/02/2022.

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

Very truly yours,

Virgil Clothier"