## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#          |                   |                 |                | API No. 15-        |                   |                            |                 |         |            |      |
|-----------------------------|-------------------|-----------------|----------------|--------------------|-------------------|----------------------------|-----------------|---------|------------|------|
| Name:                       |                   |                 |                | Spot Descrip       | Spot Description: |                            |                 |         |            |      |
| Address 1:                  |                   |                 |                |                    | Se                | ec Tv                      | vp S.           | R       |            | E    |
| Address 2:                  |                   |                 |                |                    |                   | 1                          |                 |         |            |      |
| City:                       | State:            | Zip:            | _ +            |                    |                   |                            |                 |         |            |      |
| Contact Person:             |                   |                 |                |                    |                   | e.g. xx.xxxxx)<br>AD83 WGS | , Long:         | (e.g)   | (XX.XXXXX) |      |
| Phone:()                    |                   |                 |                |                    |                   | Elevation:                 |                 |         | GL         | КВ   |
| Contact Person Email:       |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Field Contact Person:       |                   |                 |                | Well Type: (d      | check one) 🗌      | Oil Gas C                  | DG 🗌 WSW [      | Other:  |            |      |
| Field Contact Person Phon   |                   |                 |                | SWD Pe             | rmit #:           |                            | ENHR Pe         | rmit #: |            |      |
|                             |                   |                 |                |                    | 0                 |                            |                 |         |            |      |
|                             |                   |                 |                | Spud Date:_        |                   | C                          | Date Shut-In: _ |         |            |      |
|                             | Conductor         | Surfac          | e P            | roduction          | Intermedi         | iate                       | Liner           |         | Tubing     |      |
| Size                        |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Setting Depth               |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Amount of Cement            |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Top of Cement               |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Bottom of Cement            |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Casing Fluid Level from Su  | rface.            |                 | How Determined | 2                  |                   |                            |                 | Date:   |            |      |
| Casing Squeeze(s):          |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Do you have a valid Oil & O | as Lease? 🗌 Yes 🛛 | No              |                |                    |                   |                            |                 |         |            |      |
| Depth and Type: 🗌 Junk      | in Hole at        | Tools in Hole   | at C           | asing Leaks:       | Yes 🗌 No          | Depth of casin             | g leak(s):      |         |            |      |
| Type Completion:            |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Packer Type:                |                   |                 |                |                    |                   |                            | (depth)         |         |            |      |
|                             | Plug B            | ack Depth:      |                | Plug Back Metho    | od:               |                            |                 |         |            |      |
| Total Depth:                |                   |                 |                |                    |                   |                            |                 |         |            |      |
| Total Depth:                |                   |                 |                |                    |                   |                            |                 |         |            |      |
| ·                           | -                 | n Top Formatior | n Base         |                    | Com               | pletion Informa            | tion            |         |            |      |
| Geological Date:            | Formation         | •               |                | oration Interval _ |                   | •                          |                 | val     | _ to       | Feet |

## Submitted Electronically

| <i>Do NOT Write in This<br/>Space -</i> KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                                 |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 D                               | 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

December 02, 2021

Catherine Smith Quinque Operating Company 908 NW 71ST ST OKLAHOMA CITY, OK 73116-7402

Re: Temporary Abandonment API 15-175-20033-00-02 THOMPSON 1-26 SW/4 Sec.26-34S-32W Seward County, Kansas

Dear Catherine Smith:

"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 07/17/2022.

\* 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 07/17/2022.

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

Very truly yours,

Michael Maier"