## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License# Name: Address 1:                               |                              |                    |               | API No. 15-         Spot Description: |            |                            |            |       |  |  |  |  |                                 |                |                 |                            |      |
|---|------------------------------|--------------------|---------------|---------------------------------------|------------|----------------------------|------------|-------|--|--|--|--|---------------------------------|----------------|-----------------|----------------------------|------|
|   |                              |                    |               |                                       |            |                            |            |       | Address 2:   |  |  |  |                                 |                | feet from N / [ | =                          |      |
|   |                              |                    |               |                                       |            |                            |            |       | City:        State:        Zip:       +         Contact Person:         Phone:(          Contact Person Email: |  |  |  | feet from E / W Line of Section |                |                 |                            |      |
| GPS Location: Lat:, Long:, e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84 |                              |                    |               |                                       |            |                            |            |       |  |  |  |  |                                 |                |                 |                            |      |
| County:   |                              |                    |               |                                       |            |                            |            |       |  |  |  |  |                                 |                |                 |                            |      |
|   |                              |                    |               |                                       |            | Field Contact Person:      |            |       |  |  |  |  |                                 | Well Type: (ch | neck one) 🗌 C   | Dil 🗌 Gas 🗌 OG 🗌 WSW 🗌 Oth | ier: |
| Field Contact Person Phone  |                              |                    |               | SWD Permit #: ENHR Permit #:          |            |                            |            |       |  |  |  |  |                                 |                |                 |                            |      |
|   | ()                           |                    |               |                                       | 0          |                            |            |       |  |  |  |  |                                 |                |                 |                            |      |
|   |                              |                    |               | Spud Date:                            |            | Date Shut-In:              |            |       |  |  |  |  |                                 |                |                 |                            |      |
|   | Conductor                    | Surface            | Pro           | duction                               | Intermedia | te Liner                   | Tubing     |       |  |  |  |  |                                 |                |                 |                            |      |
| Size  |                              |                    |               |                                       |            |                            |            |       |  |  |  |  |                                 |                |                 |                            |      |
| Setting Depth   |                              |                    |               |                                       |            |                            |            |       |  |  |  |  |                                 |                |                 |                            |      |
| Amount of Cement  |                              |                    |               |                                       |            |                            |            |       |  |  |  |  |                                 |                |                 |                            |      |
| Top of Cement   |                              |                    |               |                                       |            |                            |            |       |  |  |  |  |                                 |                |                 |                            |      |
| Bottom of Cement  |                              |                    |               |                                       |            |                            |            |       |  |  |  |  |                                 |                |                 |                            |      |
| Casing Fluid Level from Sur                                       | ace.                         | Но                 | w Determined? |                                       |            | Date:                      |            |       |  |  |  |  |                                 |                |                 |                            |      |
| 0   |                              |                    |               |                                       |            | sacks of cement. Date:     |            |       |  |  |  |  |                                 |                |                 |                            |      |
| Do you have a valid Oil & Ga                                      | as Lease? 🗌 Yes              | No                 |               |                                       |            |                            |            |       |  |  |  |  |                                 |                |                 |                            |      |
| Depth and Type: Junk i  | n Hole at                    | Tools in Hole at _ | Ca            | sing Leaks: 🗌 Y                       | res No [   | Depth of casing leak(s):   |            |       |  |  |  |  |                                 |                |                 |                            |      |
|   |                              |                    |               |                                       |            |                            |            | omont |  |  |  |  |                                 |                |                 |                            |      |
|   |                              |                    |               |                                       |            | Port Collar: w /           | Sack of Ce | ement |  |  |  |  |                                 |                |                 |                            |      |
| Packer Type:  | Size: _                      |                    | Inch          | Set at:                               |            | _ Feet                     |            |       |  |  |  |  |                                 |                |                 |                            |      |
| Total Depth:  | Plug B                       | ack Depth:         | I             | Plug Back Method                      | :          |                            |            |       |  |  |  |  |                                 |                |                 |                            |      |
| Geological Date:  |                              |                    |               |                                       |            |                            |            |       |  |  |  |  |                                 |                |                 |                            |      |
| Formation Name  | Formation Top Formation Base |                    |               | Completion Information                |            |                            |            |       |  |  |  |  |                                 |                |                 |                            |      |
|   | At:                          | to                 | Feet Perfo    | ration Interval                       | to         | Feet or Open Hole Interval | to         | _Feet |  |  |  |  |                                 |                |                 |                            |      |
| 1   |                              |                    |               |                                       |            |                            |            |       |  |  |  |  |                                 |                |                 |                            |      |

## 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:

| There have been not the and and have been made been been and  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|---|--|--------------------|
| Norm         Norm <td< th=""><td>KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226</td><td>Phone 316.337.7400</td></td<> | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$   | 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 |

Conservation Division District Office No. 3 137 E. 21st Street Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

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

December 20, 2021

Scott Burkdoll BG-5, Inc. 3939 ELLIS RD RANTOUL, KS 66079-9090

Re: Temporary Abandonment API 15-059-25263-00-00 RAUCH 17 SW/4 Sec.12-18S-20E Franklin County, Kansas

Dear Scott Burkdoll:

"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 12/20/2022.

\* 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 12/20/2022.

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

Very truly yours,

Keith Carswell ECRS"