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:					API No. 15																
											Address 2:							feet from			
							feet from			of Section											
Contract Person:					GPS Location: Lat:, Long:																
Contact Person:					Datum: NAD27 NAD83 WGS84 County: Elevation: GL KB Lease Name: Well #: Well #: Well Type: (check one) Oil Gas OG WSW Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: ENHR Permit #: Text Permit #:																
Phone:()																					
																Spud Date:		Date S	hut-In:		
												Conductor	Surfa	се	Pro	oduction	Intermediat	e Li	ner	Tubing	J
											Size										
Setting Depth																					
Amount of Cement																					
Top of Cement																					
Bottom of Cement																					
Casing Fluid Level from Surf	ace:		_ How Deter	rmined?				D	ate:												
Casing Squeeze(s):	to w	/	sacks of cem	ent,	to	(hottom) W /	sacks of	cement. D)ate:												
رمان Do you have a valid Oil & Ga	• • •				(100)	(bottom)															
				0	–]v 🗀 v															
Depth and Type:																					
Type Completion: ALT.	I ALT. II Depth	of: DV Too	l:(depth)	w/_	sacks	of cement F	Port Collar:	w / .	sack o	of cement											
Packer Type: Size: Inch					Set at:		Feet														
Total Depth:	Plug Back Depth:				Plug Back Method:																
Geological Date:																					
Formation Name	Formatio	n Top Formation	on Base			Comp	etion Information														
l	·			Perfo	Perforation Interval to Feet or Open Hole Interval					Feet											
2		to					Feet or Open H														
-																					
INDED DENALTY OF BED	IIIBV I UEBEBV ATT	COT TUAT TUE	INFORMATI	ON CO	NITAINED HED	EIN IC TOLIE AN	D CODDECT TO T	JE DEST	DE MIV IZMOMILI	:DCE											
		5	Submitte	d Ele	ctronically	y															
Do NOT Write in This	NOT Write in This Date Tested: Results:					Date Plugge	d: Date Repaire	d: Date	e Put Back in Ser	vice:											
Space - KCC USE ONLY																					
Review Completed by:				_ Comn	nents:																
TA Approved: Yes	Denied Date	:																			
		Mail 4	o the Annro	nriate	KCC Conserv	ation Office:															
Mail to the Appropriate KCC Conservation Office: KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801									Phone 620.68	2 7033											
						Building 600, Suite 601, Wichita, KS 67226															
	KCC Dis	trict Office #2 -	. Ა45U N. K0C	к кoad,	building 600, S	ouite 601, Wichita	i, NO 6/226		Phone 316.33	7.7400											

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. 3 137 E. 21st Street Chanute, KS 66720



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

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

February 01, 2022

Roscoe G. Jackson II Jackson Brothers, L.L.C. 116 E 3RD ST EUREKA, KS 67045-1747

Re: Temporary Abandonment API 15-073-01481-00-00 NIXON B O-2 SE/4 Sec.27-24S-09E Greenwood County, Kansas

Dear Roscoe G. Jackson II:

"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 02/01/2023.

- * 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 02/01/2023.

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

Very truly yours,

Rodney Breeze ECRS"