## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#           |                                     |                 |                        | API No. 15                                                 |                              |                            |         |                                |  |
|------------------------------|-------------------------------------|-----------------|------------------------|------------------------------------------------------------|------------------------------|----------------------------|---------|--------------------------------|--|
|                              |                                     |                 |                        |                                                            |                              |                            |         |                                |  |
|                              |                                     |                 |                        |                                                            |                              |                            |         |                                |  |
|                              |                                     |                 |                        | City:                                                      | State:                       | Zip:                       | _ +     | feet from E /W Line of Section |  |
| Contact Person:              |                                     |                 |                        | GPS Location: Lat:, Long:, Long:, Datum: NAD27 NAD83 WGS84 |                              |                            |         |                                |  |
|                              |                                     |                 |                        | Datum:    NAD27    NAD33    WGS84      County:             |                              |                            |         |                                |  |
|                              |                                     |                 |                        |                                                            |                              |                            |         |                                |  |
| Field Contact Person Phone   |                                     |                 |                        |                                                            | SWD Permit #: ENHR Permit #: |                            |         |                                |  |
|                              | ()                                  |                 |                        |                                                            | 0                            |                            |         |                                |  |
|                              |                                     |                 |                        | Spud Date:_                                                |                              | Date Shut-In:              |         |                                |  |
|                              | Conductor                           | Surface         | Р                      | roduction                                                  | Intermedia                   | ate Liner                  | Tubing  |                                |  |
| Size                         |                                     |                 |                        |                                                            |                              |                            |         |                                |  |
| Setting Depth                |                                     |                 |                        |                                                            |                              |                            |         |                                |  |
| Amount of Cement             |                                     |                 |                        |                                                            |                              |                            |         |                                |  |
| Top of Cement                |                                     |                 |                        |                                                            |                              |                            |         |                                |  |
| Bottom of Cement             |                                     |                 |                        |                                                            |                              |                            |         |                                |  |
| Casing Fluid Level from Sur  | face <sup>.</sup>                   |                 | How Determined         | 2                                                          |                              | 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 a | at C                   | asing Leaks:                                               | Yes No                       | Depth of casing leak(s):   |         |                                |  |
|                              |                                     |                 |                        |                                                            |                              |                            |         |                                |  |
|                              |                                     |                 |                        |                                                            |                              | Port Collar: w /           | Sack of | cemen                          |  |
| Packer Type:                 | Size: _                             |                 | Inc                    | h Set at:                                                  |                              | _ Feet                     |         |                                |  |
| Total Depth:                 | Plug B                              | ack Depth:      |                        | Plug Back Metho                                            | od:                          |                            |         |                                |  |
| Geological Date:             |                                     |                 |                        |                                                            |                              |                            |         |                                |  |
| Formation Name               | n Name Formation Top Formation Base |                 | Completion Information |                                                            |                              |                            |         |                                |  |
| 1                            | At:                                 | to              | Feet Perf              | oration Interval _                                         | to                           | Feet or Open Hole Interval | to      | Feet                           |  |
|                              |                                     | to              |                        |                                                            |                              | Feet or Open Hole Interval |         | _                              |  |

## 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:

|  | 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 |

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 Laura Kelly, Governor

February 07, 2022

John Horton Horton, John PO BOX 314 SEDAN, KS 67361-0314

Re: Temporary Abandonment API 15-125-20597-00-00 DYER V-14 NE/4 Sec.05-34S-14E Montgomery County, Kansas

Dear John Horton:

"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 02/07/2023.

\* 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 02/07/2023.

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

Very truly yours,

Levi Burnett ECRS"