## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#           |               |                |                              | API No. 1          | API No. 15   |                        |               |          |       |        |        |
|------------------------------|---------------|----------------|------------------------------|--------------------|--|------------------------|---------------|----------|-------|--------|--------|
| Name:                        |               |                |                              | Spot De:           | Spot Description:  |                        |               |          |       |        |        |
| Address 1:                   |               |                |                              | _                  | _··  | Sec                    | Twp           | _ S. R.  |       |        | W      |
| Address 2:                   |               |                |                              |                    | feet from N / S Line of Section                            |                        |               |          |       |        |        |
| City:                        | State:        | Zip:           | +                            |                    | feet from E /W Line of Section                             |                        |               |          |       |        |        |
| Contact Person:              |               |                |                              | GF 3 LOC           | GPS Location: Lat:, Long:, Long:, Datum: NAD27 NAD83 WGS84 |                        |               |          |       |        |        |
| Phone:( )                    |               |                |                              |                    |  |                        |               |          |       | GL     | КВ     |
| Contact Person Email:        |               |                |                              | Lagan              | ame:   |                        |               |          |       |        |        |
| Field Contact Person:        |               |                |                              | Well Type          | e: (check one)   | Oil Gas                | og 🗌 ws       | sw 🗌 o   | ther: |        |        |
| Field Contact Person Phone   |               |                |                              |                    | ) Permit #:  |                        |               | R Permit | #:    |        |        |
|                              | ()            |                |                              |                    | Storage Permit #   |                        |               |          |       |        |        |
|                              |               |                |                              | Spud Da            | ite:   |                        | Date Shut-I   | In:      |       |        |        |
|                              | Conductor     | Surfac         | e                            | Production         | Interme  | ediate                 | Liner         |          |       | Tubing |        |
| Size                         |               |                |                              |                    |  |                        |               |          |       |        |        |
| Setting Depth                |               |                |                              |                    |  |                        |               |          |       |        |        |
| Amount of Cement             |               |                |                              |                    |  |                        |               |          |       |        |        |
| Top of Cement                |               |                |                              |                    |  |                        |               |          |       |        |        |
| Bottom of Cement             |               |                |                              |                    |  |                        |               |          |       |        |        |
| Casing Fluid Level from Sur  | ace:          |                | How Determi                  | ined?              |  |                        |               | Date     | e:    |        |        |
| Casing Squeeze(s):           |               |                |                              |                    |  |                        |               |          |       |        |        |
| Do you have a valid Oil & Ga | as Lease? Yes | No             |                              |                    |  |                        |               |          |       |        |        |
| Depth and Type: Dunk in      | n Hole at     | Tools in Hole  | at                           | Casing Leaks:      | Yes No   | Depth of ca            | sing leak(s): |          |       |        |        |
| Type Completion:             |               |                | ,                            |                    |  |                        |               |          |       |        | cement |
| Packer Type:                 |               |                | ( , ,                        |                    |  |                        | (depth)       |          |       |        |        |
|                              |               |                |                              |                    |  |                        |               |          |       |        |        |
| Total Depth:                 | Plug B        | ack Depth:     |                              | Plug Back M        | ethod:   |                        | -             |          |       |        |        |
|                              |               |                |                              |                    |  |                        |               |          |       |        |        |
| Geological Date:             |               |                | Formation Top Formation Base |                    |  | Completion Information |               |          |       |        |        |
| Geological Date:             | Formatio      | n Top Formatio | n Base                       |                    | Co   | ompletion Infor        | mation        |          |       |        |        |
|                              |               |                |                              | Perforation Interv |  | •                      |               | nterval_ |       | to     | Feet   |

## 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 🗌 [                       | Denied 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/

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

March 17, 2022

STEPHANIE DECKER Samuel Gary Jr. & Associates, Inc. 1515 WYNKOOP, STE 700 DENVER, CO 80202-2062

Re: Temporary Abandonment API 15-119-10014-00-02 STEVENS (MORROW) UNIT SMU 205 NW/4 Sec.02-33S-30W Meade County, Kansas

Dear STEPHANIE DECKER:

"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 03/17/2023.

\* 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 03/17/2023.

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

Very truly yours,

Michael Maier"