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

				I					
OPERATOR: License#					API No. 15-				
Name:					Spot Description:				
Address 1:							R		
Address 2:				1			I / S Line of Section		
City:	State:	Zip: +		GPS Location: Lat: feet from L E / L W Line of Section					
Contact Person:				GPS Location: Lat:, Long:					
Phone:()							GL		
Contact Person Email:				Lease Nan	ne:	We	II #:		
Field Contact Person:					Well Type: (check one) Oil Gas OG WSW Other:				
Field Contact Person Phone	e:()_						mit #:		
	,				orage Permit #: :				
				Spud Date		Date Shut-in			
	Conductor	Surface	Pro	oduction	Intermediate	Liner	Tubing		
Size									
Setting Depth									
Amount of Cement									
Top of Cement									
Bottom of Cement									
Casing Fluid Level from Su	rface:	How D	etermined?				Date:		
Casing Fluid Level from Surface: How Determined? Casing Squeeze(s): to w / sacks of cement,					to to w / sacks of cement. Date:				
		_		(top)	(bottom)				
Do you have a valid Oil & G									
Depth and Type:	in Hole at	Tools in Hole at	Ca	sing Leaks:	Yes No Depth of	f casing leak(s):			
Type Completion: ALT									
Packer Type:						(depth)			
Total Depth:	Plug Bad	ck Denth:		Plug Back Meth	ood:				
	ug 2	<u></u>							
Geological Date:									
Formation Name	Formation	Top Formation Base		Completion I	nformation				
1				ration Interval to Feet or Open Hole Interval to Feet					
2	At:	to Fee	et Perfo	ration Interval	to Fee	t or Open Hole Interv	al toFeet		
LINDED DENALTY OF DE	O ILIDV I HEDEDV ATTE	CT TUAT TUE INCODM	IATION CO	NTAINED HE	DEIN IS TOLIE AND COL		OE MV KNOW! EDGE		
		Submit	ted Ele	ctronical	У				
Do NOT Write in This	Date Tested:		Results:		Date Plugged:	Date Repaired: Da	te Put Back in Service:		
Space - KCC USE ONLY			results.		Date i lugged.	Date Repaired. Da	te i ut back iii deivice.		
•									
Review Completed by:			Comn	nents:					
TA Approved: Yes	Denied Date:								
		Mail to the Ap	propriate	KCC Conser	vation Office:				
Strains Spring Street State State State and Strains in	KCC Distr	KCC District Office #1 - 210 E. Frontview, Suit			ity, KS 67801	Phone 620.682.7933			
		KCC District Office #2 - 3450 N. Rock Road, I			-	Phone 316.337.7400			

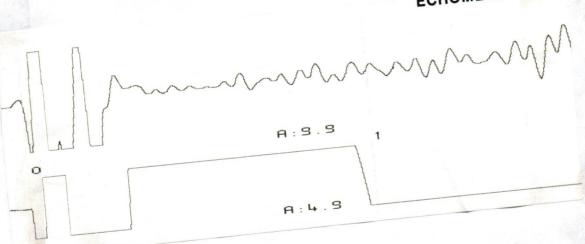
KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

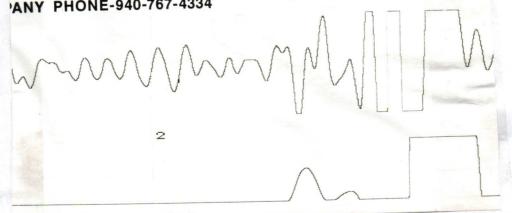
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	U	П	V	u

	10 ¹ l	
VELL Stoll A2	JOINTS TO LIQUID 1926'	
CASING PRESSURE	DISTANCE TO LIGHT	
	PBHP SBHP	
ΔP ΔT	DONN RATE EFF, %	
DOTE	MAX PRODUCTION	
19:56:07 UTC 04/20/2022		

ECHOMETER COMP



ANY PHONE-940-767-4334



Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-261-6250 Fax: 785-625-0564 http://kcc.ks.gov/

Laura Kelly, Governor

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

April 26, 2022

Nick Gabel Production Drilling, Inc. 1023 RESERVATION RD HAYS, KS 67601-3982

Re: Temporary Abandonment API 15-163-20152-00-01 STULL "A" 2 SW/4 Sec.08-09S-19W Rooks County, Kansas

Dear Nick Gabel:

- "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 04/26/2023.
- * 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 04/26/2023.

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

Very truly yours,

RICHARD WILLIAMS"