Form CP-111 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-         Spot Description:         Sec.       Twp S. R E W  |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
|  |   |                   |               |         |  |                    |                    |             |                   |           |               |           |       |    |     |            |             | feet from |         |        |   |
| Address 2:   |   |                   |               |         | feet from DE / W Line of Section   |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Contract Person:   |   |                   |               |         | GPS Location   | on: Lat:           | , Lc               | ong:        | (e.gxxx.xxxxx)    |           |               |           |       |    |     |            |             |           |         |        |   |
| Contact Person:  Phone:( )   |   |                   |               |         | Datum:         NAD27         NAD83         WGS84           County:         Elevation:         GL         KB           Lease Name:         Well #:         Well #:           Well Type: (check one)         Oil Gas OG WSW Other:         Other:           SWD Permit #:         ENHR Permit #:           Gas Storage Permit #:         Storage Permit #: |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
|  |   |                   |               |         |  |                    |                    |             |                   |           |               |           |       |    |     | Spud Date: |             | Date S    | hut-In: |        |   |
|  |   |                   |               |         |  |                    |                    |             |                   |           |               | Conductor | Surfa | ce | Pro | oduction   | Intermediat | e Li      | ner     | Tubing | 3 |
|  |   |                   |               |         |  |                    |                    |             |                   |           | Size          |           |       |    |     |            |             |           |         |        |   |
|  |   |                   |               |         |  |                    |                    |             |                   |           | Setting Depth |           |       |    |     |            |             |           |         |        |   |
| Amount of Cement   |   |                   |               |         |  |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Top of Cement  |   |                   |               |         |  |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Bottom of Cement   |   |                   |               |         |  |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Casing Fluid Level from Surf   | ace:                                      |                   | _ How Dete    | rmined? |  |                    |                    | D           | )ate:             |           |               |           |       |    |     |            |             |           |         |        |   |
| Casing Squeeze(s):   | to w                                      | /                 | sacks of cem  | ent,    | to   | W /                | sacks of           | cement. D   | )ate:             |           |               |           |       |    |     |            |             |           |         |        |   |
| 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 of           | 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               | letion Information |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| I  | ·   |                   |               | Perfo   | erforation Interval to feet or Open Hole Interval to   |                    |                    |             |                   | Feet      |               |           |       |    |     |            |             |           |         |        |   |
| )  |   | to                |               |         |  |                    | Feet or Open H     |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
|  |   | 10                | 1 000         | 1 0110  | ration interval  | 10                 |                    | ole interva |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| INDED DENALTY OF DED   | IIIDV I UEDEDV ATT                        | COT TU AT TUE     | INFORMATI     | ON CO   | NITAINEN HED   | EIN IC TOLIE AN    |                    | JE DEST A   | DE MV IZNOMI I    | EDCE      |               |           |       |    |     |            |             |           |         |        |   |
|  |   | 5                 | Submitte      | d Ele   | ctronically  | /                  |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
|  |   |                   |               |         |  |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Do NOT Write in This   | o NOT Write in This Date Tested: Results: |                   |               |         |  | Date Plugge        | d: Date Repaire    | d. Date     | e Put Back in Ser | vice.     |               |           |       |    |     |            |             |           |         |        |   |
| Space - KCC USE ONLY   |   |                   |               | uno.    |  |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| Review Completed by:   |   |                   |               | Comn    | nents:   |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
| TA Approved: Yes   | _   | :                 |               |         |  |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
|  |   | 88-**             |               | mulete! | V00 0 - · ·  | 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 7000    |               |           |       |    |     |            |             |           |         |        |   |
|  |   |                   |               |         |  |                    |                    |             |                   |           |               |           |       |    |     |            |             |           |         |        |   |
|  | KCC Dis                                   | trict Office #2 - | · 3450 N. Roc | к Road, | Building 600, S  | Suite 601, Wichita | a, KS 6/226        |             | Phone 316.33      | 37.7400   |               |           |       |    |     |            |             |           |         |        |   |

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

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

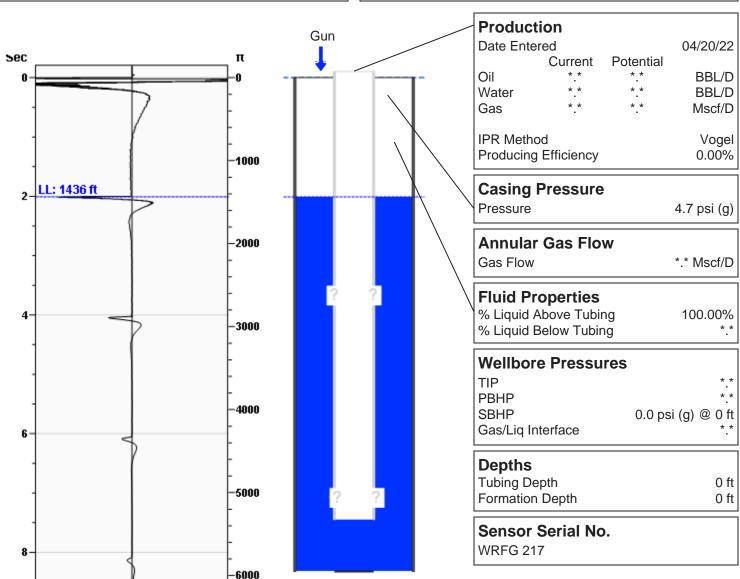


# Reimer #1-19 04/20/2022 05:18:43PM



# Liquid Level 1436 ft

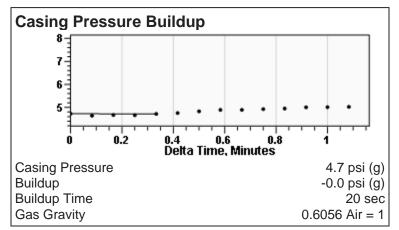
# Fluid Above Tubing \*.\* ft Gas Free Above Tubing \*.\* ft



# **Acoustic Velocity**

Acoustic Velocity Joints Per Sec. Joints To Liquid Gas Gravity 1430 ft/s 22.56 Jts/sec 45.29 Jts 0.6056 Air = 1

Entered From Known Acoustic Velocity



#### **Comments and Recommendations**

Echometer Company 5001 Ditto Lane Wichita Falls, TX 76302 (940) 767-4334 info@echometer.com Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

Laura Kelly, Governor

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

April 28, 2022

Jesse Middagh Herman L. Loeb, LLC PO BOX 838 LAWRENCEVILLE, IL 62439-0838

Re: Temporary Abandonment API 15-119-10252-00-00 REIMER 1-19 NE/4 Sec.19-34S-26W Meade County, Kansas

### Dear Jesse Middagh:

"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 10/15/2022.

- \* 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 10/15/2022.

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

Very truly yours,

Michael Maier"