KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

July 2017
Form must be Typed
Form must be signed
All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

|                             |                        |                      |           | I   |                     |                        |                             |  |
|-----------------------------|------------------------|----------------------|-----------|---|---------------------|------------------------|-----------------------------|--|
| OPERATOR: License#          |                        |                      |           |   |                     |                        |                             |  |
| Name:                       |                        |                      |           |   | ription:            |                        |                             |  |
| Address 1:                  |                        |                      |           |   |                     | ·                      | R E W N / S Line of Section |  |
| Address 2:                  |                        |                      |           |   |                     | =                      | E / W Line of Section       |  |
| City: State: Zip: +         |                        |                      |           | GPS Location: Lat:, Long:, Long:                                  |                     |                        |                             |  |
| Contact Person:             |                        |                      |           | Datum:  | NAD27 NAD83         | WGS84                  | (e.gxxx.xxxxx)              |  |
| Phone:( )                   |                        |                      |           | County: Elevation: GL KB  |                     |                        |                             |  |
| Contact Person Email:       |                        |                      |           |   | ne:                 |                        |                             |  |
| Field Contact Person:       |                        |                      |           | Well Type: (check one)  Oil  Gas  OG  WSW  Other:  ENHR Permit #: |                     |                        |                             |  |
| Field Contact Person Phon   | e:()                   |                      |           | Gas Sto   | 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 De               | termined? |   |                     |                        | Date:                       |  |
| Casing Squeeze(s):          |                        |                      |           |   |                     |                        |                             |  |
| Do you have a valid Oil & G | Gas Lease? Yes         | No                   |           |   |                     |                        |                             |  |
| Depth and Type:             | in Hole at             | Tools in Hole at     | Ca        | sing Leaks:   | Yes No Depth        | of casing leak(s):     |                             |  |
| Type Completion: ALT        |                        |                      |           |   |                     |                        |                             |  |
| Packer Type:                |                        |                      |           |   |                     | (depth)                |                             |  |
| Total Depth:                |                        |                      |           |   |                     |                        |                             |  |
| Geological Date:            |                        |                      |           |   |                     |                        |                             |  |
| Formation Name              | Formation              | Top Formation Base   |           |   | Completion          | Information            |                             |  |
| 1                           | At:                    | to Feet              | Perfo     | ration Interval   | to Fee              | et or Open Hole Interv | /al toFeet                  |  |
| 2                           | At:                    | to Feet              | Perfo     | ration Interval   | to Fee              | et or Open Hole Interv | /al toFeet                  |  |
| INDED DENALTY OF DEL        | D IIIDV I LIEDEDV ATTE | COT TUAT TUE INCODMA | ATION CO  | NTAINED HEE   | DEIN ISTOLIE AND CO | DDEATTA THE DEST       | OE MV KNOW! EDGE            |  |
|                             |                        | Submitt              | ed Ele    | ctronicall  | у                   |                        |                             |  |
| Do NOT Write in This        | Date Tested:           | R                    | esults:   |   | Date Plugged:       | Date Repaired: Date    | ate Put Back in Service:    |  |
| Space - KCC USE ONLY        |                        | _                    |           |   |                     |                        |                             |  |
| Review Completed by:        |                        |                      | Comn      | nents:  |                     |                        |                             |  |
| TA Approved: Yes            | Denied Date:           |                      |           |   |                     |                        |                             |  |
|                             |                        |                      |           |   |                     |                        |                             |  |

## Mail to the Appropriate KCC Conservation Office:

| Notice State Case case the talk case from the case of  | 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 |
| Since there were first out to the total times to the time | 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/

Laura Kelly, Governor

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

May 24, 2022

Phil Frick Altavista Energy, Inc. 4595 K-33 HIGHWAY PO BOX 128 WELLSVILLE, KS 66092-0128

Re: Temporary Abandonment API 15-121-31321-00-00 ED FLAKE 8 SW/4 Sec.09-18S-24E Miami County, Kansas

## Dear Phil Frick:

- "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 05/24/2023.
- \* 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 05/24/2023.

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

Very truly yours,

Keith Carswell ECRS"