July 2017 Form must be Typed Form must be signed

## TEMPODADY ARANDONMENT WELL ADDLICATION

TA Approved: Yes Denied

Date: \_

| OPERATOR: License#                             | OPERATOR: License#     |                  |             |   | -                      |                |                     |         |           |  |  |  |        |                     |       |  |   |
|--|------------------------|------------------|-------------|---|------------------------|----------------|---------------------|---------|-----------|--|--|--|--------|---------------------|-------|--|---|
| Name:  |                        |                  |             | API No. 15-  Spot Description:                      |                        |                |                     |         |           |  |  |  |        |                     |       |  |   |
|  |                        |                  |             |   |                        |                |                     |         |           |  |  |  |        |                     |       |  |   |
| Address 1:                                     |                        |                  |             | feet from N / S Line of Section  GPS Location: Lat: |                        |                |                     |         |           |  |  |  |        |                     |       |  |   |
|  |                        |                  |             |   |                        |                |                     |         | Phone:( ) |  |  |  | Datum: | NAD27 NAD83 NAD83 E | WGS84 |  |   |
|  |                        |                  |             |   |                        |                |                     |         |           |  |  |  |        | E: E:               |       |  | _ |
| Contact Person Email:<br>Field Contact Person: |                        |                  |             |   | (check one)            |                |                     |         |           |  |  |  |        |                     |       |  |   |
|  |                        |                  |             | SWD Permit #: ENHR Permit #:                        |                        |                |                     |         |           |  |  |  |        |                     |       |  |   |
| Field Contact Person Phon                      | le: ( )                |                  |             | Gas Sto   | orage Permit #:        |                |                     |         |           |  |  |  |        |                     |       |  |   |
|  | Conductor              | Surface          | Pro         | duction   | Intermediate           | Liner          | Tubii               | nq      |           |  |  |  |        |                     |       |  |   |
| Size   | 1                      | -                |             |   |                        |                |                     |         |           |  |  |  |        |                     |       |  |   |
| Setting Depth                                  |                        |                  |             |   |                        |                |                     |         |           |  |  |  |        |                     |       |  |   |
| Amount of Cement                               |                        |                  |             |   |                        |                |                     |         |           |  |  |  |        |                     |       |  |   |
| Top of Cement                                  |                        |                  |             |   |                        | T              |                     |         |           |  |  |  |        |                     |       |  |   |
| Bottom of Cement                               |                        |                  |             |   |                        |                |                     |         |           |  |  |  |        |                     |       |  |   |
| Do you have a valid Oil & C  Depth and Type:   | t in Hole at           | Tools in Hole at | w /<br>Inch | sacks   | s of cement Port Co    | ollar:(depth)  |                     |         |           |  |  |  |        |                     |       |  |   |
| Geological Date:                               |                        |                  |             |   |                        |                |                     |         |           |  |  |  |        |                     |       |  |   |
| Formation Name                                 |                        |                  |             |   | Completion Information |                |                     |         |           |  |  |  |        |                     |       |  |   |
| 1  |                        | to Feet          | Perfo       | ration Interval.                                    | toFee                  |                | Interval to         | Feet    |           |  |  |  |        |                     |       |  |   |
| 2  |                        | to Feet          |             |   | to Fee                 | •              |                     |         |           |  |  |  |        |                     |       |  |   |
| 2  |                        | _ 10             |             | auon  |                        | 51 Or Op       | III.O. va           |         |           |  |  |  |        |                     |       |  |   |
| LINDED DENALTY OF DE                           | B IIIBV I LEBEBV ATTEC |                  |             | ctronically   |                        | DDECT TO THE E | DEST OF MV I/MOMI   | EDOE    |           |  |  |  |        |                     |       |  |   |
|  |                        |                  |             |   |                        |                |                     |         |           |  |  |  |        |                     |       |  |   |
| Do NOT Write in This<br>Space - KCC USE ONLY   | Date Tested:           | Results:         |             |   | Date Plugged:          | Date Repaired: | Date Put Back in Se | ervice: |           |  |  |  |        |                     |       |  |   |
| Review Completed by:                           |                        | Comme            |             |   |                        |                |                     |         |           |  |  |  |        |                     |       |  |   |

## Mail to the Appropriate KCC Conservation Office:

| there have been too too on and been been suit on the   | 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 |
| The contract of the contract o | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Size State S | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

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

June 26, 2022

BRIAN J MCCOY Edison Operating Company LLC 8100 E. 22ND ST. N., BLDG 1900 WICHITA, KS 67226-2319

Re: Temporary Abandonment API 15-081-10017-00-01 BARBEE A 2-22 NW/4 Sec.22-28S-33W Haskell County, Kansas

## Dear BRIAN J MCCOY:

- "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 06/26/2023.
- \* 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 06/26/2023.

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

Very truly yours,

Michael Maier"