## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License# Name:    |                              |               |                 | API No. 15-            | API No. 15 Spot Description:                                 |                             |        |           |  |  |
|-----------------------------|------------------------------|---------------|-----------------|------------------------|--|-----------------------------|--------|-----------|--|--|
|                             |                              |               |                 | Spot Descrip           |  |                             |        |           |  |  |
| Address 1:                  |                              |               |                 |                        | Sec Twp S. R EW  |                             |        |           |  |  |
| Address 2:                  |                              |               |                 |                        | feet from N / S Line of Section                              |                             |        |           |  |  |
| City:                       | State:                       | Zip:          | _ +             | GPS Locatio            | GPS Location: Lat:, Long:                                    |                             |        |           |  |  |
| Contact Person:             |                              |               |                 |                        | GPS Location: Lat:, Long:, Long:<br>Datum: NAD27 NAD83 WGS84 |                             |        |           |  |  |
|                             |                              |               |                 |                        | County:  |                             |        |           |  |  |
| Contact Person Email:       |                              |               |                 | Lease Name             | ə:   | Well #: .                   |        |           |  |  |
| Field Contact Person:       |                              |               |                 |                        |  | Dil 🗌 Gas 🗌 OG 🗌 WSW 🗌 Oth  |        |           |  |  |
| Field Contact Person Phon   | e:()                         |               |                 |                        |  | ENHR Permit #               | :      |           |  |  |
|                             | · · · ·                      |               |                 |                        |  | Date Shut-In:               |        |           |  |  |
|                             | 1                            | 1             |                 | Spuu Dale.             |  |                             |        |           |  |  |
|                             | Conductor                    | Surface       | e F             | Production             | Intermedia   | ate Liner                   | Tubing |           |  |  |
| Size                        |                              |               |                 |                        |  |                             |        |           |  |  |
| Setting Depth               |                              |               |                 |                        |  |                             |        |           |  |  |
| Amount of Cement            |                              |               |                 |                        |  |                             |        |           |  |  |
| Top of Cement               |                              |               |                 |                        |  |                             |        |           |  |  |
| Bottom of Cement            |                              |               |                 |                        |  |                             |        |           |  |  |
| Casing Fluid Level from Su  | rface:                       |               | How Determine   | d?                     |  | Date:                       |        |           |  |  |
| Casing Squeeze(s):          | ) to w                       | / sa          | acks of cement, | to                     | w /  | sacks of cement. Date:      | :      |           |  |  |
| Do you have a valid Oil & G | Gas Lease? Yes               | No            |                 |                        |  |                             |        |           |  |  |
| Depth and Type: 🗌 Junk      | in Hole at                   | Tools in Hole | at (            | Casing Leaks:          | Yes No   | Depth of casing leak(s):    |        |           |  |  |
|                             |                              |               |                 |                        |  |                             |        | of cement |  |  |
|                             |                              |               |                 |                        |  | Port Collar: w /            | 000000 |           |  |  |
| Packer Type:                | Size: _                      |               | Inc             | ch Set at:             |  | _ Feet                      |        |           |  |  |
| Total Depth:                | Plug B                       | ack Depth:    |                 | Plug Back Method       | od:  |                             |        |           |  |  |
| Geological Date:            |                              |               |                 |                        |  |                             |        |           |  |  |
| ecclegical suice            | Formation Top Formation Base |               |                 | Completion Information |  |                             |        |           |  |  |
| C C                         |                              |               |                 |                        | 4.0  | Feet or Onen Liele Interval | to     | Fact      |  |  |
| Formation Name              |                              | to            | Feet Per        | rforation Interval _   | 10   | Feet or Open Hole Interval  | 10     | reei      |  |  |

## 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 De                          | enied 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 |

Conservation Division District Office No. 3 137 E. 21st Street Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

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

June 29, 2022

David Kimzey E K Energy LLC 12220 SW COLONY RD PO BOX 267 COLONY, KS 66015-0267

Re: Temporary Abandonment API 15-107-22222-00-00 HEDGES 31 NE/4 Sec.26-22S-21E Linn County, Kansas

Dear David Kimzey:

"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 06/29/2023.

\* 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 06/29/2023.

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

Very truly yours,

Ryan Hermreck ECRS"