### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#            |                 |                 |                  | API No. 15-          | API No. 15 Spot Description:         |                |                    |        |           |  |
|-------------------------------|-----------------|-----------------|------------------|----------------------|--------------------------------------|----------------|--------------------|--------|-----------|--|
|                               |                 |                 |                  | Spot Descri          |                                      |                |                    |        |           |  |
| Address 1:                    |                 |                 |                  | _                    | Se                                   | ес Т           | wp S. R            |        | E 🗌 W     |  |
| Address 2:                    |                 |                 |                  | _                    |                                      |                | feet from N /      |        |           |  |
| City:                         | State:          | Zip:            | _ +              |                      | feet from E / W Line of Section      |                |                    |        |           |  |
| Contact Person:               |                 |                 |                  | GFS LOCALIC          | GPS Location: Lat:                   |                |                    |        |           |  |
|                               |                 |                 |                  |                      |                                      |                |                    |        |           |  |
| Contact Person Email:         |                 |                 |                  |                      | Lease Name:                          |                |                    |        |           |  |
| Field Contact Person:         |                 |                 |                  | Well Type: (6        | check one) 🗌 (                       | Dil 🗌 Gas 🗌    |                    | her:   |           |  |
| Field Contact Person Phone    |                 |                 |                  | SWD Pe               | SWD Permit #:         ENHR Permit #: |                |                    |        |           |  |
|                               |                 |                 |                  |                      | rage Permit #: _                     |                |                    |        |           |  |
|                               |                 |                 |                  | Spud Date:           |                                      |                | Date Shut-In:      |        |           |  |
|                               | Conductor       | Surface         |                  | Production           | Intermedia                           | ate            | Liner              | Tubing | <b>j</b>  |  |
| Size                          |                 |                 |                  |                      |                                      |                |                    |        |           |  |
| Setting Depth                 |                 |                 |                  |                      |                                      |                |                    |        |           |  |
| Amount of Cement              |                 |                 |                  |                      |                                      |                |                    |        |           |  |
| Top of Cement                 |                 |                 |                  |                      |                                      |                |                    |        |           |  |
| Bottom of Cement              |                 |                 |                  |                      |                                      |                |                    |        |           |  |
| Casing Fluid Level from Su    | rface:          |                 | How Determin     | ied?                 |                                      |                | Date               |        |           |  |
| Casing Squeeze(s):            |                 |                 |                  |                      |                                      |                |                    |        |           |  |
| Do you have a valid Oil & G   | as Lease? 🗌 Yes | No              |                  |                      |                                      |                |                    |        |           |  |
| Depth and Type: 🗌 Junk        | in Hole at      | Tools in Hole   | at               | Casing Leaks:        | Yes 🗌 No                             | Depth of casi  | ng leak(s):        |        |           |  |
| Type Completion:              |                 |                 |                  |                      |                                      |                |                    |        | of cement |  |
|                               |                 |                 |                  |                      |                                      |                | (depth)            |        |           |  |
| Packer Type: Size: Inch       |                 | nch Set at      | n Set at: reet   |                      |                                      |                |                    |        |           |  |
| Total Depth: Plug Back Depth: |                 |                 | Plug Back Method | _ Plug Back Method:  |                                      |                |                    |        |           |  |
| Geological Date:              |                 |                 |                  |                      |                                      |                |                    |        |           |  |
|                               | Formatio        | n Top Formation | Base             |                      | Com                                  | pletion Inform | ation              |        |           |  |
| Formation Name                |                 | 4.5             | Foot P           | aufauation Interval  | to                                   | Feet or (      | Open Hole Interval | to     | Foot      |  |
| Formation Name 1.             | At:             | to              | 1661 1           | enoration interval _ |                                      |                |                    | 10     | 1 661     |  |

## 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 D                           | enied Date:  |           |               |                |                           |

#### Mail to the Appropriate KCC Conservation Office:

| There has no no no an how many was been by   | 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 |
| 100         100 <td>KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720</td> <td>Phone 620.902.6450</td> | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Ann has been and full to be the top  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

#### еснометеr сомрану phone-940-767-4334 Краппеичен Н7

WELL Juany Bolding CASING PRESSURE

| JOINTS TO LIQUID  | 10-1  |
|-------------------|-------|
| DISTANCE TO LIQUI | D.400 |
| PBHP              |       |
| SBHP              |       |
| PROD RATE EFF, %  |       |
| MAX PRODUCTION    |       |

| 06/01/2022             | 21:1           | 1:21 | GENERATE      |
|------------------------|----------------|------|---------------|
| UPPER COLLI<br>P-P 1.3 |                | 6.1  | PULSE         |
| LIQUID LEV<br>P-P 1.   | EL A:<br>65 mV | 3.7  | 11.7<br>VOLTS |

ECHOMETER COMPANY PHONE-940-767-4334 UC N 8.7 1.1 A V3 1 3 Ð. 9.7 1.6 R

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/

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

June 30, 2022

Lyle Gunn Grady Bolding Corporation 114 NORTH MAIN PO BOX 486 ELLINWOOD, KS 67526-0486

Re: Temporary Abandonment API 15-051-20268-00-00 KRANNAWITTER 7 NW/4 Sec.19-12S-17W Ellis County, Kansas

Dear Lyle Gunn:

Your application for Temporary Abandonment (TA) for the above-listed well is denied for the following reasons(s):

## High Fluid Level

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by 07/30/2022.

# This deadline does NOT override any compliance deadline given to you in any Commission Order.

You may contact me if you have any questions.

Sincerely, RICHARD WILLIAMS KCC DISTRICT 4