KOLAR Document ID: 1649601

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-111 July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

Form must be signed

All blanks must be complete

| OPERATOR: License#   |                        |                             | API No.               | 15-   |                         |                       |  |  |  |
|--|------------------------|-----------------------------|-----------------------|---|-------------------------|-----------------------|--|--|--|
| Name:  |                        |                             |                       | API No. 15-  Spot Description:  |                         |                       |  |  |  |
| Address 1:   |                        |                             |                       | •   |                         | 8. R 🗌 E 🔲 W          |  |  |  |
|  |                        |                             |                       |   |                         | N / S Line of Section |  |  |  |
| Address 2:   |                        |                             |                       |   |                         | E / W Line of Section |  |  |  |
| City:  |                        |                             | GF3 LC                | GPS Location: Lat:  |                         |                       |  |  |  |
| Contact Person:  |                        |                             | —— Datum:             |   |                         |                       |  |  |  |
| Phone:( )  |                        |                             |                       |   |                         |                       |  |  |  |
| Contact Person Email:  |                        |                             |                       | Lease Name: Well #:   |                         |                       |  |  |  |
| Field Contact Person:  |                        |                             |                       | Well Type: (check one)  Oil  Gas  OG  WSW  Other:  SWD Permit #: ENHR Permit #: |                         |                       |  |  |  |
| Field Contact Person Phone:  | ()                     |                             |                       |   |                         |                       |  |  |  |
|  |                        |                             |                       |   | Date Shut-In: _         |                       |  |  |  |
|  | Conductor              | Surface                     | Production            | Intermedia  | te Liner                | Tubing                |  |  |  |
| Size   |                        |                             |                       |   |                         |                       |  |  |  |
| Setting Depth  |                        |                             |                       |   |                         |                       |  |  |  |
| Amount of Cement   |                        |                             |                       |   |                         |                       |  |  |  |
| Top of Cement  |                        |                             |                       |   |                         |                       |  |  |  |
| Bottom of Cement   |                        |                             |                       |   |                         |                       |  |  |  |
| Depth and Type:  Junk in Type Completion:  ALT. I Packer Type:   Total Depth:    Geological Date:  | ALT. II Depth o        | f: DV Tool:(depth)          | w / s<br>Inch Set at: | acks of cement  | Port Collar:w<br>_ Feet |                       |  |  |  |
| Formation Name   | Formation <sup>-</sup> | Top Formation Base          |                       | Comp  | letion Information      |                       |  |  |  |
| 1  | At:                    | to Feet                     | Perforation Inter     | val to  | Feet or Open Hole Inter | rval toFeet           |  |  |  |
| 2  | At:                    | to Feet                     | Perforation Inter     | val to  | Feet or Open Hole Inter | rval toFeet           |  |  |  |
| INDED DENALTY OF BED I   | IIDV I UEBEBV ATTE     |                             | ed Electronic         |   | IN CORRECT TO THE REC   | T OE MY I/MOM/I EDGE  |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY   |                        |                             |                       | Date Plugged: Date Repaired: Date Put Back in Service:                          |                         |                       |  |  |  |
| Review Completed by:   |                        |                             | Comments:             |   |                         |                       |  |  |  |
| TA Approved: Yes   | Denied Date:           |                             |                       |   |                         |                       |  |  |  |
|  |                        | Mail to the Appr            | opriate KCC Cons      | servation Office:   |                         |                       |  |  |  |
| States States States States State State State States State | KCC Distri             | ct Office #1 - 210 E. Front | view, Suite A, Dodg   | e City, KS 67801  |                         | Phone 620.682.7933    |  |  |  |

| -       |         | ***   | -   | -      | THE            | -       | and been made and been been been |
|---------|---------|-------|-----|--------|----------------|---------|----------------------------------|
| -       |         | -     | -   | -      | -              | Interes |                                  |
| -       | in      | -     | ine | -4     |                | treat   |                                  |
| -       | minis   | 100   | lee | (team  | that           | term    |                                  |
| -       | tioning | 4     | 1   |        | term<br>Street | net-    | -,                               |
| Tarrier | least.  |       | -   | · feet | -              | na      | tops below and the last          |
| -       | -       | teres | -   | the    | Israele        | ten     |                                  |

|    | 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/

Laura Kelly, Governor

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

June 30, 2022

Kim Kirkes Veenker Resources, Inc. PO BOX 14339 OKLAHOMA CITY, OK 73113-0339

Re: Temporary Abandonment API 15-003-26348-00-00 GADDIS 9A VRI SW/4 Sec.04-23S-21E Anderson County, Kansas

## Dear Kim Kirkes:

- "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 06/30/2023.
- \* 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 06/30/2023.

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

Very truly yours,

Keith Carswell ECRS"