KOLAR Document ID: 1648550

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDON

| IENT W | | TION | Form must be Typed Form must be signed All blanks must be complete |
|-----------------|-----------------------|-------------------|--|
| API No. 15- | | | |
| Spot Descr | iption: | | |
| | | feet from | S. R E W N / S Line of Section E / W Line of Section |
| GPS Locati | on: Lat: | , Long: | (e.gxxx.xxxxx) |
| Datum: | NAD27 NAD83 | WGS84 | |
| | | | GL |
| | | v | |
| | , | | Other: |
| | | L ENHR P | ermit #: |
| Spud Date: | orage Permit #: | Date Shut-In: | |
| Spud Date. | | Date Shut-in. | |
| duction | Intermediate | Liner | Tubing |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | _ Date: |
| to | (bottom) W / | sacks of cement | t. Date: |
| (/ | (| | |
| _ | | | |
| sing Leaks: _ | | casing leak(s): | |
| sacks | s of cement Port Coll | lar: v | w / sack of cemer |
| | Feet | (deptii) | |
| | | | |
| Plug Back Meth | od: | | |
| | Completion In | formation | |
| | Completion | iioi iiialioi i | |
| ration Interval | to East | or Open Hole Into | rval toFee |

Casing Fluid Level from Surface:_____

Do you have a valid Oil & Gas Lease? Yes No

OPERATOR: License# _____

Contact Person Email: _____

Field Contact Person Phone: (_____) ____

Conductor

Casing Squeeze(s): _____ to ____ w / ____ sacks of cement,

Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth)

___ Size: ___

__ Plug Back Depth: __

______ State: _____ Zip: _____ + __ _ _ _ _

Surface

Address 1: __ Address 2: ___

Size

Setting Depth Amount of Cement Top of Cement **Bottom of Cement**

Packer Type: ___

Total Depth: ___

Geological Date:

Contact Person: ___ Phone:(_____) ___

Field Contact Person: ___

Formation Name Formation Top Formation Base ___ At: ____ to ____ Feet _____ At: _____ to ____ Feet

HINDED DENALTY OF DED HIDV I LIEDEDV ATTECT THAT THE INFORMATION CONTAINED HEDEIN IC TO HE AND CODDECT TO THE DECT OF MY VNIOWI FOCE

Submitted Electronically

| Do NOT Write in This Space - KCC USE ONLY | Date Tested: | Results: | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by: | | Comments: | | | |
| TA Approved: Yes De | nied Date: | | | | |

Mail to the Appropriate KCC Conservation Office:

| KCC District Office #1 - 210 E. I | Frontview, Suite A, Dodge City, KS 67801 Phone 620.68 | 32.7933 |
|-----------------------------------|--|---------|
| KCC District Office #2 - 3450 N | . Rock Road, Building 600, Suite 601, Wichita, KS 67226 Phone 316.33 | 37.7400 |
| KCC District Office #3 - 137 E. | 21st St., Chanute, KS 66720 Phone 620.90 |)2.6450 |
| KCC District Office #4 - 2301 E. | 13th Street, Hays, KS 67601-2651 Phone 785.26 | 61.6250 |

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

CLIFF SCHANKIE Schankie Well Service, Inc. PO BOX 397 MADISON, KS 66860-0397

Re: Temporary Abandonment API 15-073-20214-00-00 EDWARDS 4 NE/4 Sec.22-23S-10E Greenwood County, Kansas

Dear CLIFF SCHANKIE:

- "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,

Rodney Breeze ECRS"