## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License# Name: Address 1: |                              |               |                 | API No. 15-            | API No. 15-         Spot Description:   |                            |        |        |  |
|-------------------------------------|------------------------------|---------------|-----------------|------------------------|---|----------------------------|--------|--------|--|
|                                     |                              |               |                 | Spot Descri            |   |                            |        |        |  |
|                                     |                              |               |                 | _                      |   |                            |        |        |  |
| Address 2:                          |                              |               |                 | _                      |   | feet from N / [            |        |        |  |
| City:                               | State:                       | Zip:          | +               |                        | feet from E / W Line of Section   |                            |        |        |  |
| Contact Person:                     |                              |               |                 | GF 5 LOCali            | GPS Location: Lat:      , Long:         Datum:       NAD27         NAD27       NAD83         WGS84         County:          Elevation:          Well #: |                            |        |        |  |
|                                     |                              |               |                 |                        |   |                            |        |        |  |
|                                     |                              |               |                 |                        |   |                            |        |        |  |
| Field Contact Person:               |                              |               |                 | Well Type: (           | check one) 🗌 (  | Dil 🗌 Gas 🗌 OG 🗌 WSW 🗌 Oth | ner:   |        |  |
| Field Contact Person Phon           | e:()                         |               |                 |                        |   | ENHR Permit #              |        |        |  |
|                                     | ()                           |               |                 |                        |   |                            |        |        |  |
|                                     |                              |               |                 | Spud Date:             |   | Date Shut-In:              |        |        |  |
|                                     | Conductor                    | Surfac        | e               | Production             | Intermedia  | ate Liner                  | Tubing |        |  |
| 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):                  | to w                         | e/s           | acks of cement, | to                     | (bottom) w /  | sacks of cement. Date:     |        |        |  |
| Do you have a valid Oil & G         | as Lease? 🗌 Yes              | No            |                 |                        |   |                            |        |        |  |
| Depth and Type: 🗌 Junk              | in Hole at                   | Tools in Hole | e at            | Casing Leaks:          | Yes No  | Depth of casing leak(s):   |        |        |  |
|                                     |                              |               |                 |                        |   |                            |        | cement |  |
|                                     |                              |               |                 |                        |   | Port Collar: w /           |        | oomon  |  |
| Packer Type:                        | Size: .                      |               | I               | nch Set at:            |   | _ Feet                     |        |        |  |
| Total Depth:                        | Plug B                       | ack Depth:    |                 | Plug Back Meth         | od:   |                            |        |        |  |
| Geological Date:                    |                              |               |                 |                        |   |                            |        |        |  |
|                                     | Formation Top Formation Base |               |                 | Completion Information |   |                            |        |        |  |
| Formation Name                      |                              |               | Feet F          | Perforation Interval   | to  | Feet or Open Hole Interval | to     | Feet   |  |
| Formation Name                      | At:                          | to            |                 |                        |   |                            |        | _1001  |  |

## 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. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226

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



Phone: 316-337-7400 Fax: 316-630-4005 http://kcc.ks.gov/

Laura Kelly, Governor

July 07, 2022

Terry P Bandy Bandy, Terry P. dba Te-Pe Oil & Gas PO BOX 522 CANTON, KS 67428-0522

Re: Temporary Abandonment API 15-015-01591-00-00 HINZ 1 NE/4 Sec.24-23S-03E Butler County, Kansas

Dear Terry P Bandy:

"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 07/07/2023.

\* 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 07/07/2023.

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

Very truly yours,

Neal Rupp ECRS"