## 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 Desci           |                              |                            |        |      |  |
|                             |  |              |                |                      |                              |                            |        |      |  |
|                             |  |              |                |                      |                              |                            |        |      |  |
|                             |  |              |                |                      |                              |                            |        |      |  |
|                             |  |              |                | GF 5 LOCAL           |                              |                            |        |      |  |
|                             |  |              |                |                      |                              |                            |        |      |  |
|                             |  |              |                | Lease Nam            |                              |                            |        |      |  |
| Field Contact Person:       |  |              |                |                      |                              | Dil 🗌 Gas 🗌 OG 🗌 WSW 🗌 O   |        |      |  |
| Field Contact Person Phor   | ne:()                                    |              |                |                      | SWD Permit #: ENHR Permit #: |                            |        |      |  |
|                             | ( )                                      |              |                |                      | orage Permit #:              | Date Shut-In:              |        |      |  |
|                             | Conductor                                | Surfa        | ce             | Production           | Intermedia                   | te Liner                   | Tubing |      |  |
| Size                        |  |              |                |                      |                              |                            |        |      |  |
| Setting Depth               |  |              |                |                      |                              |                            |        |      |  |
| Amount of Cement            |  |              |                |                      |                              |                            |        |      |  |
| Top of Cement               |  |              |                |                      |                              |                            |        |      |  |
| Bottom of Cement            |  |              |                |                      |                              |                            |        |      |  |
| Casing Fluid Level from Su  | ırface:                                  |              | _ How Determ   | iined?               |                              | Date                       | ):     |      |  |
| Casing Squeeze(s):          | to w                                     | / 9          | sacks of cemen | it, to               | w /                          | sacks of cement. Date      | 2:     |      |  |
| Do you have a valid Oil & ( | Gas Lease? 🗌 Yes                         | No           |                |                      |                              |                            |        |      |  |
| Depth and Type: 🗌 Junk      | in Hole at                               | Tools in Hol | e at           | Casing Leaks:        | Yes No I                     | Depth of casing leak(s):   |        |      |  |
|                             |  |              | ,              |                      |                              | Port Collar: w /           |        | ment |  |
| Packer Type:                |  |              |                |                      |                              |                            |        |      |  |
| Total Depth:                | Plug Back Depth:                         |              |                | Plug Back Meth       | Plug Back Method:            |                            |        |      |  |
| Geological Date:            |  |              |                |                      |                              |                            |        |      |  |
| Formation Name              | mation Name Formation Top Formation Base |              |                |                      | Completion Information       |                            |        |      |  |
| 1                           | At:                                      | to           | Feet           | Perforation Interval | to                           | Feet or Open Hole Interval | to     | Feet |  |
| 2                           | At:                                      | to           | Feet           | Perforation Interval | to                           | Feet or Open Hole Interval | to     | Feet |  |
|                             |  |              |                |                      |                              | •                          |        |      |  |

## 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:

| There have been any the an and first many made and the horizon | 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 |





Phone: 620-682-7933 http://kcc.ks.gov/

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

October 10, 2022

Peter Fiorini Ritchie Exploration, Inc. 8100 E 22ND ST N # 700 PO BOX 783188 WICHITA, KS 67278-3188

Re: Temporary Abandonment API 15-203-20189-00-00 J. KOLLMAN 1 SE/4 Sec.24-17S-35W Wichita County, Kansas

Dear Peter Fiorini:

"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 10/10/2023.

\* 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 10/10/2023.

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

Very truly yours,

Michael Maier"