July 2017
Form must be Typed
Form must be signed
All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

State Zip:	OPERATOR: License#				API No. 15-						
State Zip	Name:				Spot Descrip	ption:					
	Address 1:					Sec.	T\	vp S	i. R	[E	:w
State Zip:	Address 2:							=	=		
Contact Person:	City:	State:	feet from L E / L W Line of Section								
Phone:(GPS Location: Lat:, Long:									
Lease Name:											
Well Type: (check one) Oil Gas OG WSW Other: SWD Permit #: SND Date Shut-in: SND Date Shut-i	,										
SWD Permit #:					Well Type: (a	check one) 🗌 Oil	Gas (og 🗌 wsw	Other:		
Gas Storage Permit #:									ermit #:		
Conductor Surface Production Intermediate Liner Tubir	ricia comacti cisoni i none	()									
Size Setting Depth Amount of Cement Top of Cement Bottom of Cement Bottom of Cement Casing Fluid Level from Surface: How Determined? Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (bottom) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (depth) w/ sacks of cement. Date: Casing Squeeze(s): (top) to (depth) w/ sacks of cement. Date: Casing Squeeze(s): (depth) w/ sacks of cement. Date: Squeeze(s): (depth) w/ sacks of cement. Date: Casing S					Spud Date:		[Date Shut-In: _			
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Casing Fluid Level from Surface:	Top of Cement										
Casing Squeeze(s):	Bottom of Cement										
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Submitted Electronically Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Se	2	At:	to Fee	t Perfo	ration Interval _	to	Feet or O	pen Hole Inter	rval	to	Feet
	Do NOT Write in This	Date Tested:	Submitt	ted Ele		<i>'</i>					
Review Completed by: Comments:	Review Completed by:			Comm	nents:						
TA Approved: Yes Denied Date:	TA Approved: Yes										

Mail to the Appropriate KCC Conservation Office:

No.	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
The control of the co	KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720	Phone 620.902.6450
Size State S	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

November 17, 2022

DEB BALLARD Colt Energy Inc PO BOX 388 IOLA, KS 66749-0388

Re: Temporary Abandonment API 15-125-27609-00-01 KROEKER-GOLEY 62 SW/4 Sec.32-32S-15E Montgomery County, Kansas

Dear DEB BALLARD:

- "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 11/17/2023.
- * 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 11/17/2023.

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

Very truly yours,

Levi Burnett ECRS"