## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

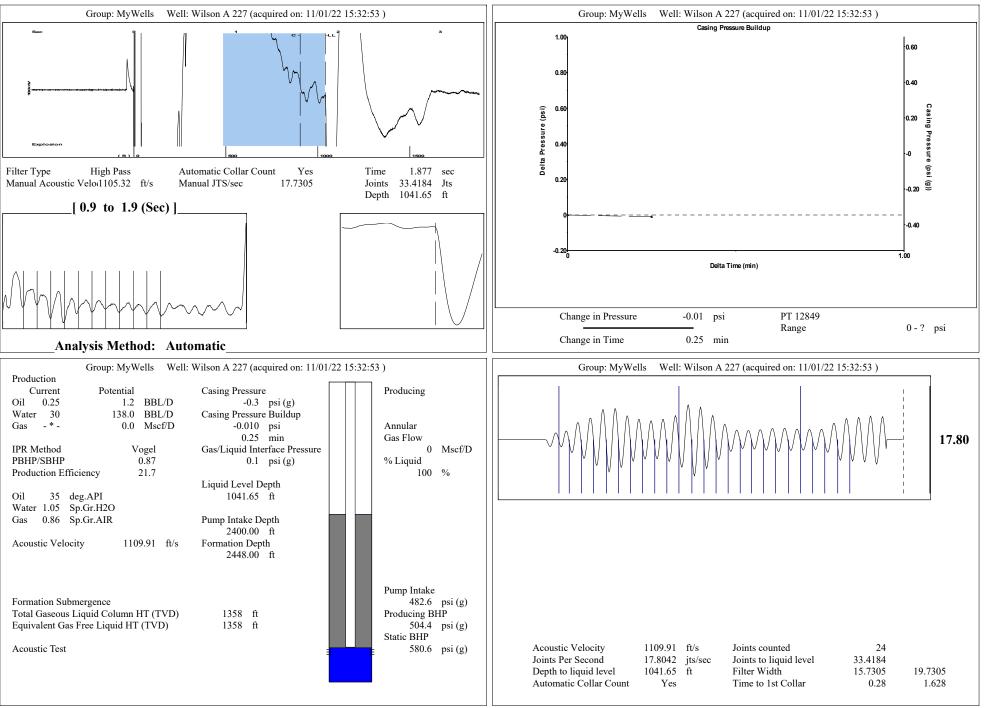
| OPERATOR: License# Name: Address 1: |                              |               |               | API No. 15-            | API No. 15                                                                                                                                |                            |            |      |  |
|-------------------------------------|------------------------------|---------------|---------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|------|--|
|                                     |                              |               |               | _ Spot Descri          |                                                                                                                                           |                            |            |      |  |
|                                     |                              |               |               | _                      | Se                                                                                                                                        | ec Twp S. R                | E [        | W    |  |
| Address 2:                          |                              |               |               | _                      |                                                                                                                                           | feet from N / [            |            |      |  |
| City:                               | State:                       | Zip:          | _ +           |                        | feet from E /W Line of Section                                                                                                            |                            |            |      |  |
| Contact Person:                     |                              |               |               | GF 5 LUCali            | GPS Location: Lat:      , Long:         Datum:       NAD27         NAD27       WGS84         County:          Elevation:          Well #: |                            |            |      |  |
|                                     |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
|                                     |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
| Field Contact Person:               |                              |               |               | Well Type: (           | check one) 🗌 (                                                                                                                            | Dil 🗌 Gas 🗌 OG 🗌 WSW 🗌 Oth | er:        |      |  |
| Field Contact Person Phon           |                              |               |               |                        |                                                                                                                                           | ENHR Permit #:             |            |      |  |
|                                     | ()                           |               |               |                        | 0                                                                                                                                         |                            |            |      |  |
|                                     |                              |               |               | Spud Date:             |                                                                                                                                           | Date Shut-In:              |            |      |  |
|                                     | Conductor                    | Surface       | 9             | Production             | Intermedia                                                                                                                                | ate Liner                  | Tubing     |      |  |
| Size                                |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
| Setting Depth                       |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
| Amount of Cement                    |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
| Top of Cement                       |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
| Bottom of Cement                    |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
| Casing Fluid Level from Su          | rface:                       |               | How Determine | ed?                    |                                                                                                                                           | Date:                      |            |      |  |
| 0                                   |                              |               |               |                        |                                                                                                                                           | sacks of cement. Date:     |            |      |  |
| Do you have a valid Oil & O         | as Lease? 🗌 Yes              | No            |               |                        |                                                                                                                                           |                            |            |      |  |
| Depth and Type: Junk                | in Hole at                   | Tools in Hole | at            | Casing Leaks:          | Yes No                                                                                                                                    | Depth of casing leak(s):   |            |      |  |
|                                     |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
|                                     |                              |               |               |                        |                                                                                                                                           | Port Collar: w /           | 3ack of ce | mem  |  |
| Packer Type:                        | Size: .                      |               | In            | ch Set at:             |                                                                                                                                           | _ Feet                     |            |      |  |
| Total Depth:                        | Plug B                       | ack Depth:    |               | Plug Back Mether       | od:                                                                                                                                       |                            |            |      |  |
|                                     |                              |               |               |                        |                                                                                                                                           |                            |            |      |  |
| Geological Date:                    | Formation Top Formation Base |               |               | Completion Information |                                                                                                                                           |                            |            |      |  |
|                                     | Formatio                     |               |               |                        |                                                                                                                                           |                            |            |      |  |
| Geological Date: Formation Name 1.  |                              |               | Feet Pe       | erforation 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:

|  | 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



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

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

November 21, 2022

Shane Summers Vess Oil Corporation 1700 N WATERFRONT PKWY BLDG 500 WICHITA, KS 67206-6619

Re: Temporary Abandonment API 15-015-19612-00-00 WILSON A 227 NE/4 Sec.08-25S-05E Butler County, Kansas

Dear Shane Summers:

"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 11/21/2023.

\* 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 11/21/2023.

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

Very truly yours,

Neal Rupp ECRS"