## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

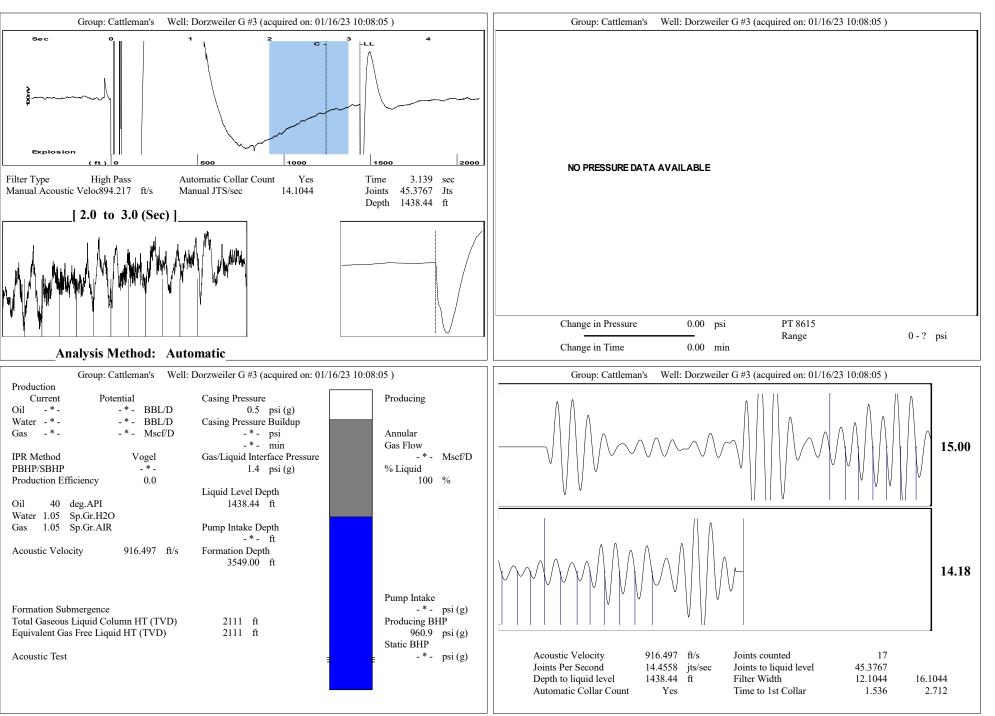
| OPERATOR: License#                 |                              |             |           |                        | API No. 15   |                   |              |                       |          |        |        |
|------------------------------------|------------------------------|-------------|-----------|------------------------|--|-------------------|--------------|-----------------------|----------|--------|--------|
|                                    |                              |             |           |                        |  |                   |              |                       |          |        |        |
| Address 1:                         |                              |             |           |                        |  | Se                | ec           | Twp S. R              | l        | 🗌 E    | : 🗌 W  |
| Address 2:                         |                              |             |           |                        |  |                   |              | feet from N           |          |        |        |
| City:   Zip:  +    Contact Person: |                              |             |           |                        | GPS Location: Lat:, Long:, Long:, Datum: NAD27 NAD83 WGS84 |                   |              |                       |          |        |        |
|                                    |                              |             |           |                        |  |                   |              |                       |          |        |        |
| Phone:( )                          |                              |             |           |                        |  |                   |              | n:                    |          | GL     | КВ     |
| Contact Person Email:              |                              |             |           |                        | Lease Nam  | e:                |              | Well                  | #:       |        |        |
| Field Contact Person:              |                              |             |           |                        | Well Type: (   | check one) 🗌      | Oil Gas      | ]og 🗌 wsw 🗌           | Other: _ |        |        |
| Field Contact Person Phone: (      | )                            |             |           |                        |  |                   |              | ENHR Perm             | it #:    |        |        |
| (                                  | ,                            |             |           |                        |  | orage Permit #: _ |              |                       |          |        |        |
|                                    |                              |             |           |                        | Spud Date:   |                   |              | Date Shut-In:         |          |        |        |
|                                    | Conductor                    | Surfa       | ace       | Pro                    | duction  | Intermedia        | ate          | Liner                 |          | Tubing |        |
| Size                               |                              |             |           |                        |  |                   |              |                       |          |        |        |
| Setting Depth                      |                              |             |           |                        |  |                   |              |                       |          |        |        |
| Amount of Cement                   |                              |             |           |                        |  |                   |              |                       |          |        |        |
| Top of Cement                      |                              |             |           |                        |  |                   |              |                       |          |        |        |
| Bottom of Cement                   |                              |             |           |                        |  |                   |              |                       |          |        |        |
| Casing Fluid Level from Surface    | :                            |             | How Deter | rmined?                |  |                   |              | Da                    | ate:     |        |        |
| Casing Squeeze(s):                 |                              |             |           |                        |  |                   |              |                       | ate:     |        |        |
| Do you have a valid Oil & Gas L    | ease? Yes                    | No          |           |                        |  |                   |              |                       |          |        |        |
| Depth and Type: 🗌 Junk in Ho       | ole at                       | Tools in Ho | le at     | Cas                    | ing Leaks:   | Yes No            | Depth of cas | ing leak(s):          |          |        |        |
| Type Completion: ALT. I            | ,                            |             |           |                        |  |                   |              |                       |          |        | cement |
| Packer Type:                       |                              |             | ,         |                        |  |                   |              | (depth)               |          |        |        |
|                                    |                              |             |           |                        |  |                   |              |                       |          |        |        |
| Total Depth:                       | Plug I                       | Back Depth: |           | F                      | lug Back Meth  | od:               |              |                       |          |        |        |
| Geological Date:                   |                              |             |           |                        |  |                   |              |                       |          |        |        |
|                                    | Formation Top Formation Base |             |           | Completion Information |  |                   |              |                       |          |        |        |
| Formation Name                     | 1 onnau                      |             | _         | <b>D</b> (             | ation Intonval   | to                | Feet or      | Open Hole Interval    |          | to     | Feet   |
| Formation Name                     |                              | to          | Feet      | Perfor                 |  |                   |              | Open i lole intel val |          | 10     |        |

## 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 D                           | 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. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-261-6250 Fax: 785-625-0564 http://kcc.ks.gov/

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

January 17, 2023

Leo Dorzweiler Cattlemans Oil Operations LLC 2260 CATHERINE RD HAYS, KS 67601-4610

Re: Temporary Abandonment API 15-051-20946-00-00 DORZWEILER G 3 SW/4 Sec.10-13S-17W Ellis County, Kansas

Dear Leo Dorzweiler:

"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 01/17/2024.

\* 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 01/17/2024.

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

Very truly yours,

**RICHARD WILLIAMS**"