## 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-    Spot Description:  |           |             |                  |       |        |        |
|-------------------------------|-------------------------------------|-------------|-----------|---------|---|-----------|-------------|------------------|-------|--------|--------|
|                               |                                     |             |           |         |   |           |             |                  |       |        |        |
|                               |                                     |             |           |         |   |           |             |                  |       |        |        |
|                               |                                     |             |           |         | feet from N / S Line of Section   |           |             |                  |       |        |        |
| City:                         | State:                              | Zip:        | +         |         | feet from E / W Line of Section   |           |             |                  |       |        |        |
| Contact Person:               |                                     |             |           |         | GPS Location: Lat: , Long:    Datum:  NAD27  NAD83  WGS84    County:   Elevation:     Lease Name:   Well #: |           |             |                  |       |        |        |
|                               |                                     |             |           |         |   |           |             |                  |       |        |        |
|                               |                                     |             |           |         |   |           |             |                  |       |        |        |
| Field Contact Person:         |                                     |             |           |         | Well Type: (check one)  Oil  Gas  OG  WSW  Other:   |           |             |                  |       |        |        |
| Field Contact Person Phone:   |                                     |             |           |         |   |           |             |                  |       |        |        |
|                               | //                                  |             |           |         |   |           |             |                  |       |        |        |
|                               |                                     |             |           |         | Spud Date:  |           |             | Date Shut-In:    |       |        |        |
|                               | Conductor                           | Surfa       | ice       | Proc    | duction   | Intermedi | ate         | Liner            |       | Tubing |        |
| Size                          |                                     |             |           |         |   |           |             |                  |       |        |        |
| Setting Depth                 |                                     |             |           |         |   |           |             |                  |       |        |        |
| Amount of Cement              |                                     |             |           |         |   |           |             |                  |       |        |        |
| Top of Cement                 |                                     |             |           |         |   |           |             |                  |       |        |        |
| Bottom of Cement              |                                     |             |           |         |   |           |             |                  |       |        |        |
| Casing Fluid Level from Surfa | ce.                                 |             | How Deter | rmined? |   |           |             |                  | Date: |        |        |
| Casing Squeeze(s):            |                                     |             |           | _       |   |           |             |                  |       |        |        |
| Do you have a valid Oil & Gas | Lease? Yes                          | No          |           |         |   |           |             |                  |       |        |        |
| Depth and Type: 🗌 Junk in     | Hole at                             | Tools in Ho | le at     | _ Cas   | ing Leaks:  | Yes No    | Depth of ca | sing leak(s):    |       |        |        |
| Type Completion: ALT. I       |                                     |             |           |         |   |           |             |                  |       |        | cement |
| Packer Type:                  |                                     |             |           |         |   |           |             | (depth)          |       |        |        |
|                               | Plug Back Depth:                    |             |           |         |   |           |             |                  |       |        |        |
| Geological Date:              |                                     |             |           |         |   |           |             |                  |       |        |        |
| Formation Name                | n Name Formation Top Formation Base |             |           |         | Completion Information  |           |             |                  |       |        |        |
|                               | At:                                 | to          | Feet      | Perfora | ation Interval _  | to        | Feet or     | Open Hole Interv | val   | to     | Feet   |
| 1                             |                                     |             |           |         |   |           |             |                  |       | - to   |        |

## Submitted Electronically

| <i>Do NOT Write in This<br/>Space -</i> 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:  |           |               |                |                           |

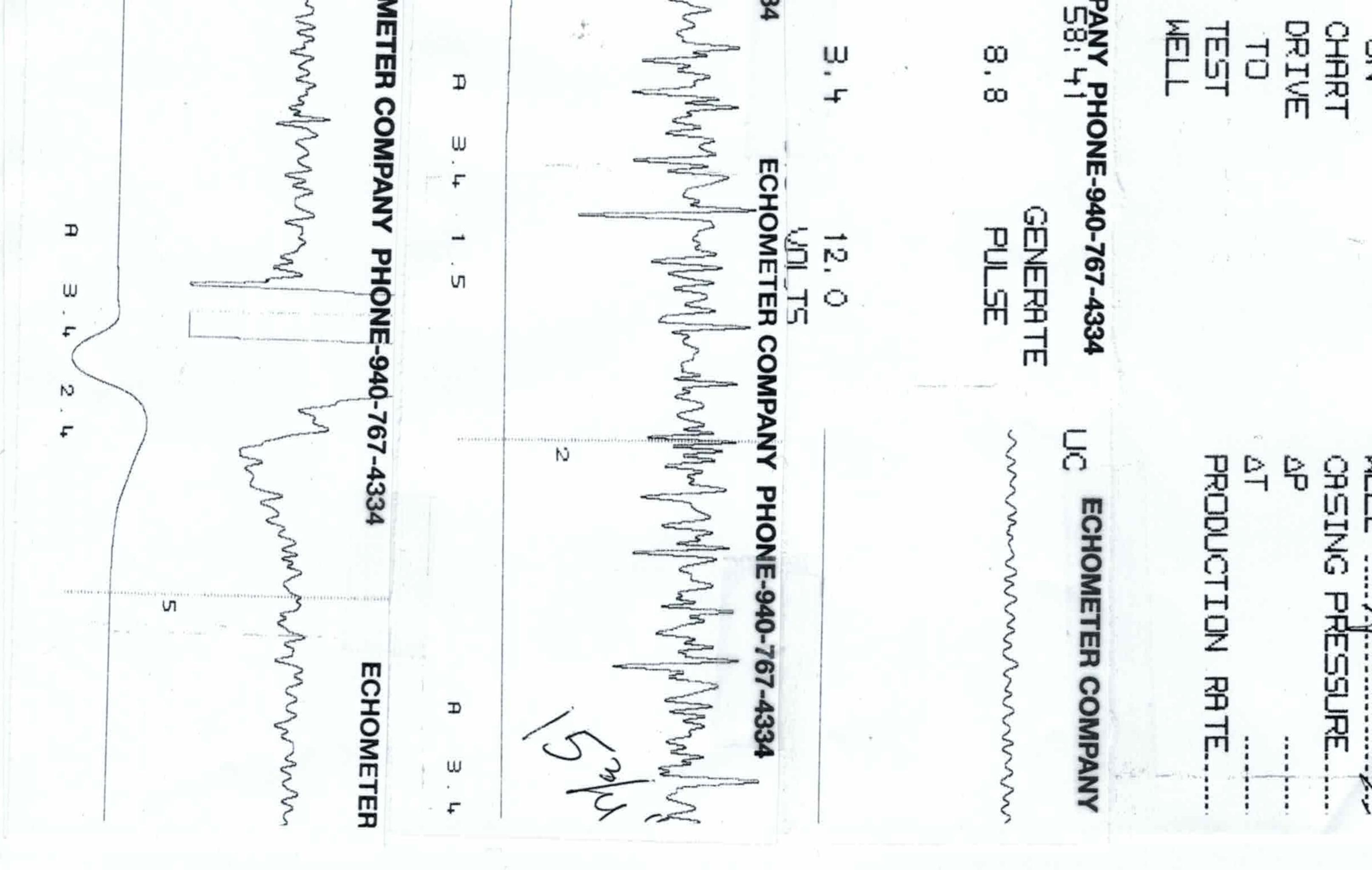
## Mail to the Appropriate KCC Conservation Office:

| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | 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 |

| SAN KING COMPAN | 4 | MAX PRODUCTION X | JOINTS TO LIQUID | ECHOMETER COMPANY<br>5001 DITTO LANE<br>WICHITA FALLS, TEXAS 76<br>PHONE 940 - 767 - 4334<br>FAX 940 - 723 - 4334<br>FAX 940 - 723 - 7507<br>E-MAIL INFOMECHOMETER, C |
|-----------------|---|------------------|------------------|---|
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Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



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

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

February 08, 2023

Joe Roth Bennett & Schulte Oil Co., A General Partnership PO BOX 329 RUSSELL, KS 67665-0329

Re: Temporary Abandonment API 15-167-06824-00-02 A C ROGG 1 NW/4 Sec.35-14S-13W Russell County, Kansas

Dear Joe Roth:

"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 02/08/2024.

\* 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 02/08/2024.

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

Very truly yours,

**RICHARD WILLIAMS**"