

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone:(_____) _____
Contact Person Email: _____
Field Contact Person: _____
Field Contact Person Phone: (_____) _____

API No. 15- _____
Spot Description: _____
- - - - - Sec. _____ Twp. _____ S. R. _____ E W
_____ feet from N / S Line of Section
_____ feet from E / W Line of Section
GPS Location: Lat: _____, Long: _____
Datum: NAD27 NAD83 WGS84
County: _____ Elevation: _____ GL KB
Lease Name: _____ Well #: _____
Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
Spud Date: _____ Date Shut-In: _____

Table with 7 columns: Conductor, Surface, Production, Intermediate, Liner, Tubing. Rows include Size, Setting Depth, Amount of Cement, Top of Cement, Bottom of Cement.

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____
Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
Do you have a valid Oil & Gas Lease? Yes No
Depth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
Packer Type: _____ Size: _____ Inch Set at: _____ Feet
Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Table with 2 columns: Formation Name, Completion Information. Rows 1 and 2 for formation details.

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

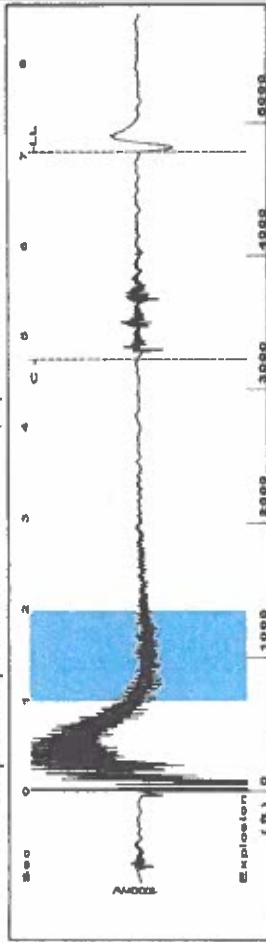
Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY
Date Tested: _____ Results: _____ Date Plugged: _____ Date Repaired: _____ Date Put Back in Service: _____
Review Completed by: _____ Comments: _____
TA Approved: Yes Denied Date: _____

Mail to the Appropriate KCC Conservation Office:

Table with 2 columns: Office Address, Phone. Rows for KCC District Office #1, #2, #3, and #4.

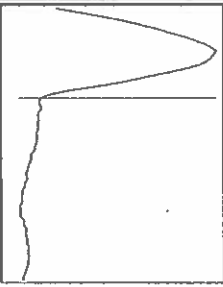
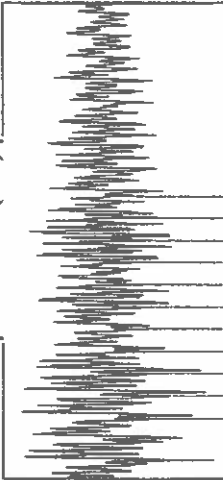
Group: Clark Exploration Co Well: Ballet #6 (acquired on: 02/22/23 13:35:48)



Filter Type High Pass Automatic Collar Count Yes
 Manual Acoustic Veloc 1354.7 ft/s Manual JTS/sec 21.3675

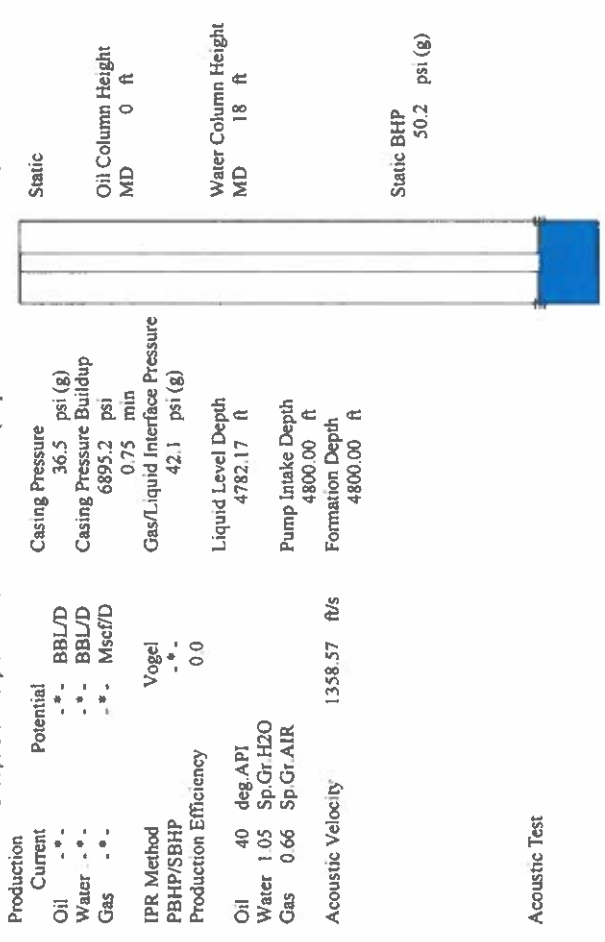
Time 7.04 sec
 Joints 150.857 Jts
 Depth 4782.17 ft

1.0 to 2.0 (Sec)



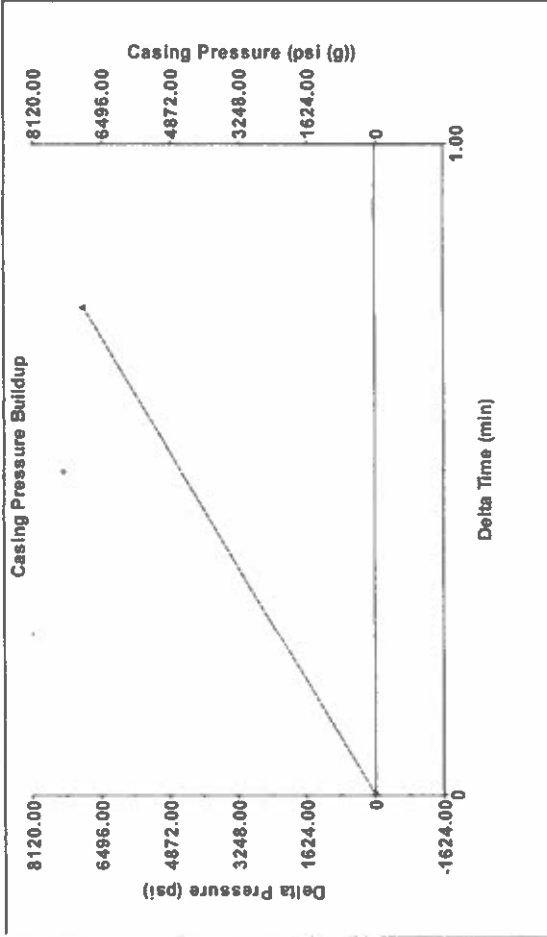
Analysis Method: Automatic

Group: Clark Exploration Co Well: Ballet #6 (acquired on: 02/22/23 13:35:48)



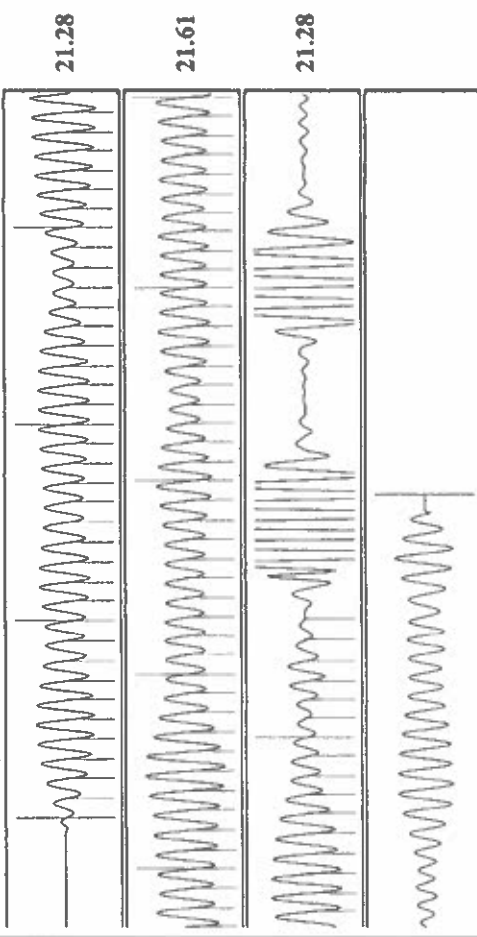
Acoustic Test

Group: Clark Exploration Co Well: Ballet #6 (acquired on: 02/22/23 13:35:48)



Change in Pressure 6895.23 psi PT8496 Range
 Change in Time 0.75 min

Group: Clark Exploration Co Well: Ballet #6 (acquired on: 02/22/23 13:35:48)



Acoustic Velocity 1358.57 ft/s Joints counted 96
 Joints Per Second 21.4286 Joints to liquid level 150.857
 Depth to liquid level 4782.17 ft Filter Width 23.3675
 Automatic Collar Count Yes Time to 1st Collar 0.264 4.744

February 23, 2023

Kathleen Clark
Clark, Curtis dba Clark Exploration Co.
9362 LOGGIA ST UNIT A
HIGHLANDS RANCH, CO 80126-7645

Re: Temporary Abandonment
API 15-007-30289-00-00
BALLET RANCH 6
W/2 Sec.06-35S-15W
Barber County, Kansas

Dear Kathleen Clark:

"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 02/23/2024.

- * 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 02/23/2024.

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

Very truly yours,

Michael Maier"