## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#          |                 |                   |                 | API No. 15                |                        |                             |              |          |           |       |
|-----------------------------|-----------------|-------------------|-----------------|---------------------------|------------------------|-----------------------------|--------------|----------|-----------|-------|
| Name:                       |                 |                   |                 | Spot Description:         |                        |                             |              |          |           |       |
| Address 1:                  |                 |                   |                 | ··                        | Se                     | ec Twp                      | S. R.        |          | _ 🗌 E     | W     |
| Address 2:                  |                 |                   |                 |                           |                        | fe                          |              |          |           |       |
| City: State: Zip: +         |                 |                   |                 | GPS Location: Lat:, Long: |                        |                             |              |          |           |       |
| Contact Person:             |                 |                   |                 |                           | (6                     | .g. xx.xxxxx)<br>AD83 WGS84 | , Long:      | (e.gxxx. | .xxxxx)   |       |
| Phone:()                    |                 |                   |                 |                           |                        | Elevation:                  |              |          | GL        | Пкв   |
| Contact Person Email:       |                 |                   |                 | -                         |                        |                             |              |          |           |       |
| Field Contact Person:       |                 |                   |                 | Well Type: (c             | heck one) 🗌 (          | Oil 🗌 Gas 🗌 OC              | G 🗌 wsw 🗌 d  | Other:   |           |       |
| Field Contact Person Phon   |                 |                   |                 |                           |                        | [                           |              | #:       |           |       |
|                             | ()              |                   |                 |                           |                        |                             |              |          |           |       |
|                             |                 |                   |                 | Spud Date: _              |                        | Da                          | ite Shut-In: |          |           |       |
|                             | Conductor       | Surface           | Pro             | duction                   | Intermedia             | ate                         | Liner        |          | Tubing    |       |
| Size                        |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Setting Depth               |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Amount of Cement            |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Top of Cement               |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Bottom of Cement            |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Casing Fluid Level from Su  | rface:          | F                 | low Determined? |                           |                        |                             | Dat          | te:      |           |       |
| Casing Squeeze(s):          |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Do you have a valid Oil & O | as Lease? 🗌 Yes | No                |                 |                           |                        |                             |              |          |           |       |
| Depth and Type: 🗌 Junk      | in Hole at      | Tools in Hole at  | Ca              | sing Leaks:               | Yes 🗌 No               | Depth of casing             | leak(s):     |          |           |       |
|                             |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Type Completion: ALT        |                 |                   |                 |                           |                        |                             | depth)       |          | Sack of C | ,emen |
| Packer Type:                | Size: _         |                   | Inch            | Set at:                   |                        | Feet                        |              |          |           |       |
| T ( I D )                   | Plug B          | ack Depth:        |                 | Plug Back Method          | d:                     |                             |              |          |           |       |
| Iotal Depth:                |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Geological Date:            |                 |                   |                 |                           | Completion Information |                             |              |          |           |       |
| Geological Date:            | Formatio        | n Top Formation B | ase             |                           | Com                    | pletion Information         | on           |          |           |       |
|                             |                 |                   |                 | ration Interval           |                        | pletion Informatio          |              | t        | 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. 3 137 E. 21st Street Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

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

March 03, 2023

Derek Rhodes Rhodes, Derek Leon dba Rhodes Well Service 4990 WISCONSIN RD BRONSON, KS 66716-3091

Re: Temporary Abandonment API 15-037-22433-00-00 ENGLE 22-02 NE/4 Sec.28-28S-22E Crawford County, Kansas

Dear Derek Rhodes:

"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 03/03/2024.

\* 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 03/03/2024.

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

Very truly yours,

Brad Bohrer ECRS"