KOLAR Document ID: 1708132

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-111 July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#   |                     |                  |              | API No. 15-         |                                  |                            |                           |  |  |
|--|---------------------|------------------|--------------|---------------------|----------------------------------|----------------------------|---------------------------|--|--|
| Name:  |                     |                  |              | Spot Descr          | Spot Description:                |                            |                           |  |  |
| Address 1:   |                     |                  |              | _   -,              | •                                |                            | s. R 🔲 E 🔲 W              |  |  |
|  |                     |                  |              |                     |                                  |                            | N / S Line of Section     |  |  |
| Address 2:   |                     |                  |              |                     | feet from E / W Line of Section  |                            |                           |  |  |
|  |                     |                  |              | GF 3 Locati         | GPS Location: Lat:, Long:, Long: |                            |                           |  |  |
| Phone:()   |                     |                  |              | Datuiii.            |                                  |                            |                           |  |  |
| ,,   |                     |                  |              | I aaaa Nam          | County: Elevation: GL            |                            |                           |  |  |
| Contact Person Email:  |                     |                  |              | - Mall Times        | Well Type: (check one)           |                            |                           |  |  |
|  |                     |                  |              | SWD P               |                                  |                            |                           |  |  |
|  |                     |                  |              | Gas Sto             |                                  |                            |                           |  |  |
|  |                     |                  |              | Spud Date:          |                                  | Date Shut-In: _            |                           |  |  |
|  | Conductor           | Surface          |              | Production          | Intermediate                     | Liner                      | Tubing                    |  |  |
| Size   |                     |                  |              |                     |                                  |                            |                           |  |  |
| Setting Depth  |                     |                  |              |                     |                                  |                            |                           |  |  |
| Amount of Cement   |                     |                  |              |                     |                                  |                            |                           |  |  |
| Top of Cement  |                     |                  |              |                     |                                  |                            |                           |  |  |
| Bottom of Cement   |                     |                  |              |                     |                                  |                            |                           |  |  |
| Casing Fluid Level from Surf   | ace:                |                  | How Determin | ed?                 |                                  |                            | Date:                     |  |  |
| -  |                     |                  |              |                     |                                  |                            | Date:                     |  |  |
| (top)<br>Do you have a valid Oil & Ga                                    | , ,                 |                  |              | (top)               | (bottom)                         |                            |                           |  |  |
|  |                     |                  |              |                     |                                  |                            |                           |  |  |
| Depth and Type:  | n Hole at [ (depth) | Tools in Hole a  | t<br>(depth) | Casing Leaks: L     | 」Yes ∐ No De                     | epth of casing leak(s):    |                           |  |  |
| Type Completion: ALT.  | I ALT. II Depth     | of: DV Tool: _   | V<br>(depth) | v / sack            | s of cement Po                   | ort Collar: w              | // sack of cemen          |  |  |
| Packer Type:   |                     |                  |              |                     |                                  |                            |                           |  |  |
| Total Depth:   | Plug Ba             | ck Depth:        |              | Plug Back Meth      | od:                              |                            |                           |  |  |
| Geological Date:   |                     |                  |              |                     |                                  |                            |                           |  |  |
| Formation Name   | Formation           | Top Formation E  | Base         |                     | Comple                           | etion Information          |                           |  |  |
| I  |                     | •                |              | erforation Interval | ·                                |                            | val toFeet                |  |  |
| )  |                     | to               |              |                     |                                  |                            | val toFeet                |  |  |
|  | 74.                 | 10               |              | choration interval  | 10                               | = rect of open riole lines | vai to i cot              |  |  |
| INDED DENALTY OF DED   | IIIDV I UEDEDV ATTI | ECT TU AT TUE IN | EODMATION :  | CONTAINED HER       | CIN IC TOLIC AND                 | CODDECT TO THE DEC         | T OF MV KNOW! FDOE        |  |  |
|  |                     | Su               | bmitted E    | Electronicall       | У                                |                            |                           |  |  |
|  |                     |                  |              |                     | •                                |                            |                           |  |  |
|  |                     |                  |              |                     |                                  |                            |                           |  |  |
| Do NOT Write in This Space - KCC USE ONLY                                | Date Tested:        |                  | Results:     |                     | Date Plugged                     | Date Repaired:             | Pate Put Back in Service: |  |  |
| Space - NOC OSE ONE  |                     |                  |              |                     |                                  |                            |                           |  |  |
| Review Completed by:   |                     |                  | Co           | omments:            |                                  |                            |                           |  |  |
| TA Approved: Yes   | Denied Date:        |                  |              |                     |                                  |                            |                           |  |  |
|  |                     | Mail to t        | he Appropria | te KCC Conserv      | vation Office:                   |                            |                           |  |  |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 |                     |                  |              |                     |                                  |                            | Phone 620.682.7933        |  |  |
|  |                     |                  |              |                     | Suite 601 Wichita                | VS 67226                   | Phone 316 337 7400        |  |  |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

| IPANY PHONE-940 O9: 54: 07 AND HETER COMPANY IETER COMPANY |     |   |
|--|-----|---|
| DISTRINCE TO LIQUID  | · · | ECHOMETER COMPANY PHONE-940-767-4334 ECHOMETER COMPANY PHONE-94 |

Conservation Division District Office No. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226



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

Laura Kelly, Governor

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

April 06, 2023

Douglas H McGinness II McGinness Energy Company, Inc. 9330 E Central Ave Suite 300 WICHITA, KS 67206-6628

Re: Temporary Abandonment API 15-169-20086-00-00 REDDEN 1 NW/4 Sec.18-16S-01W Saline County, Kansas

## Dear Douglas H McGinness II:

"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 04/06/2024.

- \* 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 04/06/2024.

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

Very truly yours,

Keith Karlin, ECRS"