KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License# | | | | API No. 15- | API No. 15 | | | | | |
|--|-----------------------|------------------------------|-----------------|----------------------|------------------------------|------------------------|--------------|--------------|-------|--|
| | | | | _ Spot Descri | | | | | | |
| Address 1: | | | | _ | Se | ec Twp | S. R | [] | E 🗌 W | |
| Address 2: | | | | _ | | feet from | | = | | |
| City: State: Zip: + | | | | | GPS Location: Lat:, Long: | | | | | |
| Contact Person: | | | | GF 5 LUCali | | | ig(e | .gxxx.xxxxx) | | |
| Phone:() | | | | | | Elevation: | | GL | KB | |
| Contact Person Email: | | | | | | | | | | |
| Field Contact Person: | | | | Well Type: (| check one) 🗌 | Oil 🗌 Gas 🗌 OG 📃 | WSW Oth | er: | | |
| | Field Contact Person: | | | | SWD Permit #: ENHR Permit #: | | | | | |
| | // | | | | | | ut los | | | |
| | | | | Spud Date: | | Date Sh | iut-in: | | | |
| | Conductor | Surfac | e | Production | Intermedia | ate Lin | ier | Tubing | | |
| Size | | | | | | | | | | |
| Setting Depth | | | | | | | | | | |
| Amount of Cement | | | | | | | | | | |
| Top of Cement | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | |
| Casing Fluid Level from Sur | face: | | How Determine | ed? | | | Date: | | | |
| Casing Squeeze(s): | to w | /s | acks of cement, | to | (bottom) w / _ | sacks of c | ement. Date: | | | |
| Do you have a valid Oil & G | as Lease? 🗌 Yes 🏾 | No | | | | | | | | |
| Depth and Type: 🗌 Junk i | n Hole at | Tools in Hole | at | Casing Leaks: | Yes No | Depth of casing leak(s | s): | | | |
| | | | | | | | | | | |
| Type Completion: ALT. | | | | | | | | | Comon | |
| Packer Type: | Size: _ | | In | ch Set at: | | _ Feet | | | | |
| Total Depth: | Plug Ba | ack Depth: | | Plug Back Method | od: | | | | | |
| | | | | | | | | | | |
| Geological Date: | | Formation Top Formation Base | | | Completion Information | | | | | |
| - | Formation | | | | | | | | | |
| Geological Date: Formation Name 1. | | to | Feet Pe | rforation Interval _ | to | Feet or Open Ho | le Interval | to | Feet | |

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 🗌 D | enied Date: | | | | |

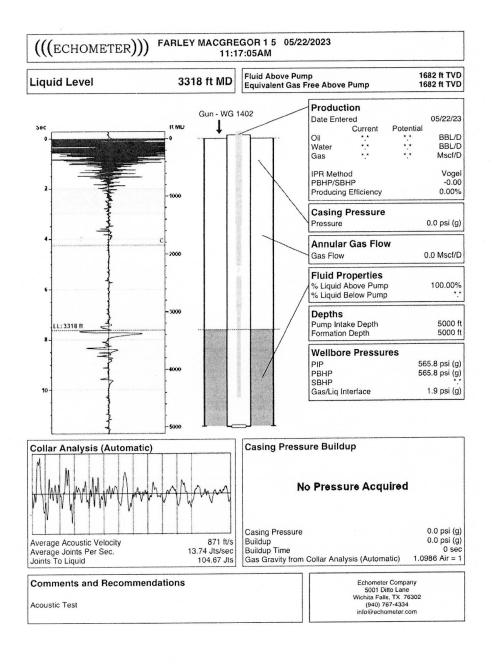
Mail to the Appropriate KCC Conservation Office:

| | 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 |
| 1 | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720 | Phone 620.902.6450 |
| And here the first the termination of ter | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651 | Phone 785.261.6250 |



fluid shot

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Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

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

June 08, 2023

Matt McGrath M & M Well Service, LLC PO BOX 287 MEDICINE LODGE, KS 67104-0287

Re: Temporary Abandonment API 15-007-30146-00-00 FARLEY MACGREGOR 1 NE/4 Sec.05-35S-14W Barber County, Kansas

Dear Matt McGrath:

"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 06/08/2024.

* 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 06/08/2024.

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

Very truly yours,

Michael Maier"