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 Description:  |                          |                      |                        |          |                  |         |         |
| Address 1:   |                  |  |           |  | Sec                      | Twp S.               | R 🗌 E 🔲 W              |          |                  |         |         |
| Address 2:   |                  |  |           |  |                          |                      | / S Line of Section    |          |                  |         |         |
| City:       State:   |                  |  |           |  |                          |                      |                        |          |                  |         |         |
|  |                  |  |           |  |                          |                      |                        |          |                  |         | GL KB   |
|  |                  |  |           | Lease Name: Well #: Well #: SWD Permit #: ENHR Permit #: |                          |                      |                        |          |                  |         |         |
|  |                  |  |           |  |                          |                      |                        | _        | orage Permit #:: |         |         |
|  |                  |  |           |  |                          |                      |                        | Co       | nductor          | Surface | Dr      |
|  |                  |  |           | Size   | muuotoi                  | Gunde                | P10                    | Jauction | interifiediate   | Lillei  | Tubling |
|  |                  |  |           | Setting Depth  |                          |                      |                        |          |                  |         |         |
| Amount of Cement   |                  |  |           |  |                          |                      |                        |          |                  |         |         |
| Top of Cement  |                  |  |           |  |                          |                      |                        |          |                  |         |         |
| Bottom of Cement   |                  |  |           |  |                          |                      |                        |          |                  |         |         |
|  | '                |  |           |  | 1                        | _                    |                        |          |                  |         |         |
| Casing Fluid Level from Surface: How Determined? Date:               |                  |  |           |  |                          |                      |                        |          |                  |         |         |
| Casing Squeeze(s): to _  | (bottom) W / _   | sacks of c   | ement,    | to _   | (bottom) W /             | sacks of cement. L   | )ate:                  |          |                  |         |         |
| Do you have a valid Oil & Gas Lease                                  |                  |  | 0-        | -in-   | Vee No Don'th e          | i accina la al/a).   |                        |          |                  |         |         |
| Depth and Type:  |                  |  |           |  |                          |                      |                        |          |                  |         |         |
| Type Completion: ALT. I AL   | .T. II Depth of: | DV Tool:(depth   | w / _     | sack   | s of cement Port Col     | lar: w / w /         | sack of cement         |          |                  |         |         |
| Packer Type:   | Size:            |  | Inch      | Set at:  | Feet                     |                      |                        |          |                  |         |         |
| Total Depth:   | Plug Back        | Depth:   |           | Plug Back Metl   | hod:                     |                      |                        |          |                  |         |         |
| Geological Date:   |                  |  |           |  |                          |                      |                        |          |                  |         |         |
| Formation Name   | Formation To     | p Formation Base   |           |  | Completion Ir            | formation            |                        |          |                  |         |         |
| . 1 to to Feet Perforation Interval to Feet or Open Hole Interval to |                  |  |           |  |                          |                      |                        |          |                  |         |         |
| 2  | _ At:            | _ to Fee   | et Perfo  | ration Interval  | to Feet                  | or Open Hole Interva | al toFeet              |          |                  |         |         |
| LINDED DENALTY OF DED HIDVIL   | IEDEDY 47750     |  | ATION 00  | NITAINED HE  | DEIN 10 TRUE AND 000     |                      |                        |          |                  |         |         |
| TRINED BERIAT TV AE BED HIBV TE                                      | ILBEBV XIILE     |  |           |  |                          | BEATTATHE BEST       | AE RIV DRIAMI ENAE     |          |                  |         |         |
|  |                  | Submit   | ted Ele   | ctronical  | ly                       |                      |                        |          |                  |         |         |
|  |                  |  |           |  |                          |                      |                        |          |                  |         |         |
| Do NOT Write in This Date Tested: Results:                           |                  |  |           |  | Date Plugged:            | Date Repaired: Dat   | e Put Back in Service: |          |                  |         |         |
| Space - KCC USE ONLY   |                  |  |           |  |                          |                      |                        |          |                  |         |         |
| Review Completed by:   |                  |  | Comn      | nents:   |                          |                      |                        |          |                  |         |         |
| TA Approved: Yes Denie   | ed Date:         |  |           |  |                          |                      |                        |          |                  |         |         |
|  |                  | Mail to the An   | nronriate | KCC Conser   | vation Office:           |                      |                        |          |                  |         |         |
|  | KCC District     | Mail to the Appropriate KCC Conservation Office:  KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 |           |  |                          |                      | Phone 620.682.7933     |          |                  |         |         |
|  |                  |  |           |  | •                        |                      |                        |          |                  |         |         |
| the top to the top a treat to the top top top                        | NOU DISTRICT     | KCC District Office #2 - 3450 N. Rock Road, E  |           |  | Suite 601, Wichita, KS 6 | 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

Conservation Division District Office No. 3 137 E. 21st Street Chanute, KS 66720



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

Laura Kelly, Governor

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

July 07, 2023

Linda K. Birk Birk, Linda 302 S 16TH ST BURLINGTON, KS 66839-2329

Re: Temporary Abandonment API 15-031-20545-00-00 BIRKBECK 2 SE/4 Sec.33-21S-15E Coffey County, Kansas

## Dear Linda K. Birk:

"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 07/07/2024.

- \* 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 07/07/2024.

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

Very truly yours,

Ryan Tromsness ECRS"