KOLAR Document ID: 1727784

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## TEMPORARY ABANDONMENT WELL APPLICATION

| ,                          |  |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|
| Form must be Typed         |  |  |  |  |  |  |
| Form must be signed        |  |  |  |  |  |  |
| II 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 EW  |             |   |                                |                         |                    |  |  |  |  |
| Address 2:  |                      |  |             | feet from N / S Line of Section feet from E / W Line of Section GPS Location: Lat:, Long:                       |                                |                         |                    |  |  |  |  |
| City:   |                      |  |             |   |                                |                         |                    |  |  |  |  |
|   |                      |  |             |   |                                |                         |                    |  |  |  |  |
| Contact Person:   |                      |  |             |   |                                |                         |                    |  |  |  |  |
| Phone:( )   |                      |  |             |   | County: Elevation:             |                         |                    |  |  |  |  |
| Contact Person Email:   |                      |  |             | Well Type: (check one)  Oil  Gas  OG  WSW  Other:   |                                |                         |                    |  |  |  |  |
| Field Contact Person:   |                      |  |             | Well Type: (cneck one) Oil Gas OG WSW Other:  SWD Permit #: ENHR Permit #:  Gas Storage Permit #: Date Shut-In: |                                |                         |                    |  |  |  |  |
| Field Contact Person Phone:   | ()                   |  |             |   |                                |                         |                    |  |  |  |  |
|   |                      |  |             |   |                                |                         |                    |  |  |  |  |
|   | Conductor            | Surface  | Pi          | oduction  | Intermediate                   | Liner                   | Tubing             |  |  |  |  |
| Size  |                      |  |             |   |                                |                         |                    |  |  |  |  |
| Setting Depth   |                      |  |             |   |                                |                         |                    |  |  |  |  |
| Amount of Cement  |                      |  |             |   |                                |                         |                    |  |  |  |  |
| Top of Cement   |                      |  |             |   |                                |                         |                    |  |  |  |  |
| Bottom of Cement  |                      |  |             |   |                                |                         |                    |  |  |  |  |
| Casing Fluid Level from Surfa   | ace:                 | How  | Determined  | 7   |                                |                         | Date:              |  |  |  |  |
| Casing Squeeze(s):  |                      |  |             |   |                                |                         |                    |  |  |  |  |
| Do you have a valid Oil & Ga  | ıs Lease? ☐ Yes ☐    | No   |             |   |                                |                         |                    |  |  |  |  |
| •   |                      | _  |             | –   | 7v 🗆 v - 5                     |                         |                    |  |  |  |  |
| Depth and Type:   |                      |  |             |   |                                |                         |                    |  |  |  |  |
| Type Completion: ALT.   | I ALT. II Depth      | of: DV Tool:   | w /         | sacks   | of cement Po                   | rt Collar: w            | / sack of cement   |  |  |  |  |
| Packer Type: Size: Inch   |                      |  |             | Set at:Feet   |                                |                         |                    |  |  |  |  |
| Total Depth:  | Plug Ba              | ck Depth:  |             | Plug Back Metho   | od:                            |                         |                    |  |  |  |  |
| Geological Date:  |                      |  |             |   |                                |                         |                    |  |  |  |  |
| Formation Name  | Formation            | Top Formation Base   |             |   | Comple                         | tion Information        |                    |  |  |  |  |
| 1   | At:                  | to F   | eet Perf    | oration Interval _  | to                             | Feet or Open Hole Inter | val toFeet         |  |  |  |  |
| 2   | At:                  | to F   | eet Perf    | oration Interval _  | to                             | Feet or Open Hole Inter | val toFeet         |  |  |  |  |
| HINDED DENALTY OF DED   | IIIDV I LIEDEDV ATTE |  |             | ectronically  |                                | CORRECT TO THE RECT     | OE MY INDIAN EDGE  |  |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY                          | Date Tested:         | Date Tested: Results   |             |   | Date Plugged: Date Repaired: D |                         |                    |  |  |  |  |
| Review Completed by:  |                      |  | Com         | ments:  |                                |                         |                    |  |  |  |  |
| TA Approved: Yes  | Denied Date:         |  |             |   |                                |                         |                    |  |  |  |  |
|   |                      | Mail to the A  | Appropriate | KCC Conserv   | ation Office:                  |                         |                    |  |  |  |  |
| States State State State State State State State States States States | KCC Distr            | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge Ci |             |   |                                | y, KS 67801             |                    |  |  |  |  |
|   |                      |  |             |   | .,,                            |                         | Phone 620.682.7933 |  |  |  |  |

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

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

| 3               | -<br>seres  | 50         | Mn         | (         | 6783   | 399     |          |
|-----------------|-------------|------------|------------|-----------|--------|---------|----------|
| 5               |             | Sas.       | Streets 6' | t.<br>260 | ſ      |         |          |
| Custom<br>Order | ier's<br>No |            | DATE       | f -       | 24-    | .23     |          |
| OLD .           | то          | 12001      | Ope        | anthy     | -1     | 0 =     | -/       |
| ADDRE           | SS          | MIL        | zells a    | +1,       | 42     | E) F    | +4       |
| SALESN          | /AN         |            |            | TERMS     |        |         |          |
| CASH            | CHARGE      | C. O. D.   | PAID OUT   | RETD. I   | MDSE.  | RECD. O | N ACCT.  |
| QUAN.           |             | DESCRIP    | TION       |           | PRICE  | АМО     | UNT      |
|                 | Wichae      | lis of 1   | flood      | level     |        |         |          |
|                 | 6241        | ruole      | to fl      | wil       |        | 75      | 00       |
|                 | Caspy       | has        | gas o      | - 07      |        |         |          |
|                 | Open        |            |            | #         |        |         |          |
|                 |             |            |            |           |        |         |          |
|                 | Milae       | Us #-      | 2 flur     | l len     | ef.    |         |          |
|                 | 1,040'      | dous       | to fle     | rd        |        | 75      | -00      |
|                 | Casthy      | d's d      | lead       |           |        |         |          |
| -               | Oper        | hole       |            |           |        |         |          |
|                 |             |            |            |           |        |         |          |
|                 | wichas      | elds #4    | fluid      | leve      | f      |         |          |
|                 | 1,525.      | 33'db      | in to d    | Phy       |        | 75      | 00       |
|                 | Casthy      | has so     | sod sa     | s pre     | sjuce  |         |          |
|                 | Open 1      | hole       |            | /         | ,      |         |          |
|                 |             |            |            |           |        |         |          |
|                 |             |            |            |           |        |         |          |
|                 |             | nant       | 1          |           | , (    |         |          |
|                 |             | 100        |            | 7         | Otal   | 225     |          |
| ALL CI          | aims and Re | turned Goo | ds MUST I  | Be Acco   | mpanie | d By Th | nis Bill |
| SICNA           | TUDE        |            |            |           |        |         |          |

Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-261-6250 http://kcc.ks.gov/

Laura Kelly, Governor

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

September 05, 2023

RICKEY POPP Popp Operating, Inc. 191 NE 150 RD PO BOX 187 HOISINGTON, KS 67544-0187

Re: Temporary Abandonment API 15-167-23374-00-00 MICHAELIS 1 SW/4 Sec.32-15S-13W Russell County, Kansas

## Dear RICKEY POPP:

"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 09/05/2024.

- \* 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 09/05/2024.

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

Very truly yours,

**RICHARD WILLIAMS"**