KOLAR Document ID: 1728107

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

July 2017
Form must be Typed
Form must be signed
All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                           |  |   |            | API No. 15-          |                              |                       |                  |            |  |  |
|--|--|---|------------|----------------------|------------------------------|-----------------------|------------------|------------|--|--|
| Name:  |  |   |            | Spot Description:    |                              |                       |                  |            |  |  |
|  |  |   |            | Sec Twp S. R 🗆 E 🔲 W |                              |                       |                  |            |  |  |
| Address 2:                                   |  |   |            |                      |                              | feet from             |                  |            |  |  |
| City:  | feet from ☐ E / ☐ W Line of Section  GPS Location: Lat:, Long: |   |            |                      |                              |                       |                  |            |  |  |
| Contact Person:                              |  |   |            |                      |                              |                       | (e.gxxx.x        | xxxx)      |  |  |
| Phone:( )                                    |  |   |            | Datum:               |                              |                       |                  |            |  |  |
| Contact Person Email:                        |  |   |            |                      |                              |                       |                  |            |  |  |
| Field Contact Person:                        |  |   |            | Well Type: (         | (check one) 🗌 Oil 🗌          | Gas OG WSW            | Other:           |            |  |  |
| Field Contact Person Phone: ( )              |  |   |            |                      | SWD Permit #: ENHR Permit #: |                       |                  |            |  |  |
| Tiola Comact Forcer From                     | 0.()   |   |            |                      | orage Permit #:              |                       |                  |            |  |  |
|  |  |   |            | Spud Date:           |                              | Date Shut-In:         |                  |            |  |  |
|  | Conductor  | Surface                                     | Pro        | duction              | Intermediate                 | Liner                 | Т                | Гubing     |  |  |
| Size   |  |   |            |                      |                              |                       |                  |            |  |  |
| Setting Depth                                |  |   |            |                      |                              |                       |                  |            |  |  |
| Amount of Cement                             |  |   |            |                      |                              |                       |                  |            |  |  |
| Top of Cement                                |  |   |            |                      |                              |                       |                  |            |  |  |
| Bottom of Cement                             |  |   |            |                      |                              |                       |                  |            |  |  |
| Casing Squeeze(s):                           | Gas Lease? Yes in Hole at (depth)  T. I ALT. II Depth of       | No Tools in Hole at (de) of: DV Tool:(depth | Ca<br>oth) | sing Leaks:sacks     | Yes No Deptl                 | n of casing leak(s):  |                  |            |  |  |
|  |  |   |            |                      |                              |                       |                  |            |  |  |
| Total Depth:                                 | Plug Ba  | ck Depth:                                   |            | Plug Back Meth       | od:                          |                       |                  |            |  |  |
| Geological Date:                             |  |   |            |                      |                              |                       |                  |            |  |  |
| Formation Name                               | Formation  | Top Formation Base                          |            |                      | Completio                    | n Information         |                  |            |  |  |
| 1  | At:  | to Fee                                      | et Perfo   | ration Interval .    | toF                          | eet or Open Hole Inte | erval to         | oFeet      |  |  |
| 2  |  | to Fee                                      |            |                      |                              | eet or Open Hole Inte |                  |            |  |  |
|  |  |   |            |                      |                              | ·                     |                  |            |  |  |
| INDED DENALTY OF DE                          | O IIIDV I LIEDEDV ATTE   | ECT TUAT THE INCODM                         | ATION CO   | NITAINIED LIED       | EIN IC TOLIE AND O           | ODDECT TO THE DEC     | ET OF MV I/NC    | WI EDGE    |  |  |
|  |  | Submit                                      | ted Ele    | ctronically          | У                            |                       |                  |            |  |  |
|  |  |   |            |                      |                              |                       |                  |            |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:   | Date Tested: Results:                       |            |                      | Date Plugged:                | Date Repaired:        | Date Put Back ir | n Service: |  |  |
| Review Completed by:                         |  |   | Comn       | nents:               |                              |                       |                  |            |  |  |
| TA Approved: Yes                             |  |   |            |                      |                              |                       |                  |            |  |  |
| Approved. 🔲 165                              | Defined Bate.  |   |            |                      |                              |                       |                  | ļ          |  |  |

## Mail to the Appropriate KCC Conservation Office:

| these been from the lot and been made one that the   | 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 |  |
| Similar State Stat | 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/

Laura Kelly, Governor

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

September 14, 2023

P.J. Buck Jones & Buck Development, a General Partnership PO BOX 68 SEDAN, KS 67361-0068

Re: Temporary Abandonment API 15-019-24745-00-00 PUMPELLY 3-A SE/4 Sec.32-34S-10E Chautaugua County, Kansas

## Dear P.J. Buck:

"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 09/14/2024.

- \* 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 09/14/2024.

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

Very truly yours,

Thad Triboulet ECRS"