## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#<br>Name:<br>Address 1:                                       |                                     |               |               | API No. 15             |                                 |                            |        |        |                                 |                  |
|---|-------------------------------------|---------------|---------------|------------------------|---------------------------------|----------------------------|--------|--------|---------------------------------|------------------|
|   |                                     |               |               |                        |                                 |                            |        |        | _                               | Sec Twp S. R E W |
|   |                                     |               |               | Address 2:             |                                 |                            |        |        | feet from N / S Line of Section |                  |
| City:          Contact Person:          Phone:()          Contact Person Email: |                                     |               |               |                        | feet from E / W Line of Section |                            |        |        |                                 |                  |
|   |                                     |               |               | GF 5 LUCali            | GPS Location: Lat:              |                            |        |        |                                 |                  |
|   |                                     |               |               |                        |                                 |                            |        |        |                                 |                  |
|   |                                     |               |               | -                      |                                 |                            |        |        |                                 |                  |
| Field Contact Person:   | Field Contact Person:               |               |               |                        |                                 |                            |        |        |                                 |                  |
| Field Contact Person Phone  |                                     |               |               |                        | SWD Permit #: ENHR Permit #:    |                            |        |        |                                 |                  |
|   |                                     |               |               |                        |                                 | Data Chut In               |        |        |                                 |                  |
|   |                                     |               |               | Spud Date:             |                                 | Date Shut-In:              |        |        |                                 |                  |
|   | Conductor                           | Surfac        | e             | Production             | Intermedia                      | te Liner                   | Tubing |        |                                 |                  |
| Size  |                                     |               |               |                        |                                 |                            |        |        |                                 |                  |
| Setting Depth   |                                     |               |               |                        |                                 |                            |        |        |                                 |                  |
| Amount of Cement  |                                     |               |               |                        |                                 |                            |        |        |                                 |                  |
| Top of Cement   |                                     |               |               |                        |                                 |                            |        |        |                                 |                  |
| Bottom of Cement  |                                     |               |               |                        |                                 |                            |        |        |                                 |                  |
| Casing Fluid Level from Su  | rface:                              |               | How Determine | ed?                    |                                 | Date                       | :      |        |                                 |                  |
| 0   |                                     |               |               |                        |                                 | sacks of cement. Date      |        |        |                                 |                  |
| Do you have a valid Oil & G   | as Lease? 🗌 Yes 🛛                   | No            |               |                        |                                 |                            |        |        |                                 |                  |
| Depth and Type: Junk  | in Hole at                          | Tools in Hole | at            | Casing Leaks:          | Yes No                          | Depth of casing leak(s):   |        |        |                                 |                  |
|   |                                     |               |               |                        |                                 | Port Collar: w /           |        | cement |                                 |                  |
|   |                                     |               |               |                        |                                 |                            |        |        |                                 |                  |
| Packer Type:  | Size: _                             |               | In            | ch Set at:             |                                 | _ Feet                     |        |        |                                 |                  |
| Total Depth:  | Plug Ba                             | ack Depth:    |               | Plug Back Methe        | od:                             |                            |        |        |                                 |                  |
| Geological Date:  |                                     |               |               |                        |                                 |                            |        |        |                                 |                  |
|   | n Name Formation Top Formation Base |               |               | Completion Information |                                 |                            |        |        |                                 |                  |
| Formation Name  |                                     | to            | Feet Pe       | erforation Interval    | to                              | Feet or Open Hole Interval | to     | Feet   |                                 |                  |
| Formation Name 1  | At:                                 | 10            |               |                        |                                 |                            |        |        |                                 |                  |

## Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 De                      | 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 |
|  | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Anno been loop that the loop t | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

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



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

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Annie Kuether, Commissioner Laura Kelly, Governor

October 04, 2023

BRIAN J MCCOY Edison Operating Company LLC 8100 E. 22ND ST. N., BLDG 1900 WICHITA, KS 67226-2319

Re: Temporary Abandonment API 15-081-21220-00-00 MLP CLAWSON TRUST 2-35 NW/4 Sec.35-29S-34W Haskell County, Kansas

Dear BRIAN J MCCOY:

"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 10/04/2024.

\* 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 10/04/2024.

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

Very truly yours,

Michael Maier"