

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Contact Person Email: _____
 Field Contact Person: _____
 Field Contact Person Phone: (_____) _____

API No. 15- _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 Datum: NAD27 NAD83 WGS84
 County: _____ Elevation: _____ GL KB
 Lease Name: _____ Well #: _____
 Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
 Spud Date: _____ Date Shut-In: _____

| | Conductor | Surface | Production | Intermediate | Liner | Tubing |
|------------------|-----------|---------|------------|--------------|-------|--------|
| Size | | | | | | |
| Setting Depth | | | | | | |
| Amount of Cement | | | | | | |
| Top of Cement | | | | | | |
| Bottom of Cement | | | | | | |

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____
 Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
(top) (bottom) (top) (bottom)
 Do you have a valid Oil & Gas Lease? Yes No
 Depth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
(depth) (depth)
 Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)
 Packer Type: _____ Size: _____ Inch Set at: _____ Feet
 Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

| Formation Name | Formation Top | Formation Base | Completion Information |
|----------------|---------------|----------------|--|
| 1. _____ | At: _____ | to _____ Feet | Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet |
| 2. _____ | At: _____ | to _____ Feet | Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet |

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

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: <input type="checkbox"/> Yes <input type="checkbox"/> Denied 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 |
| | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651 | Phone 785.261.6250 |

Liquid Level

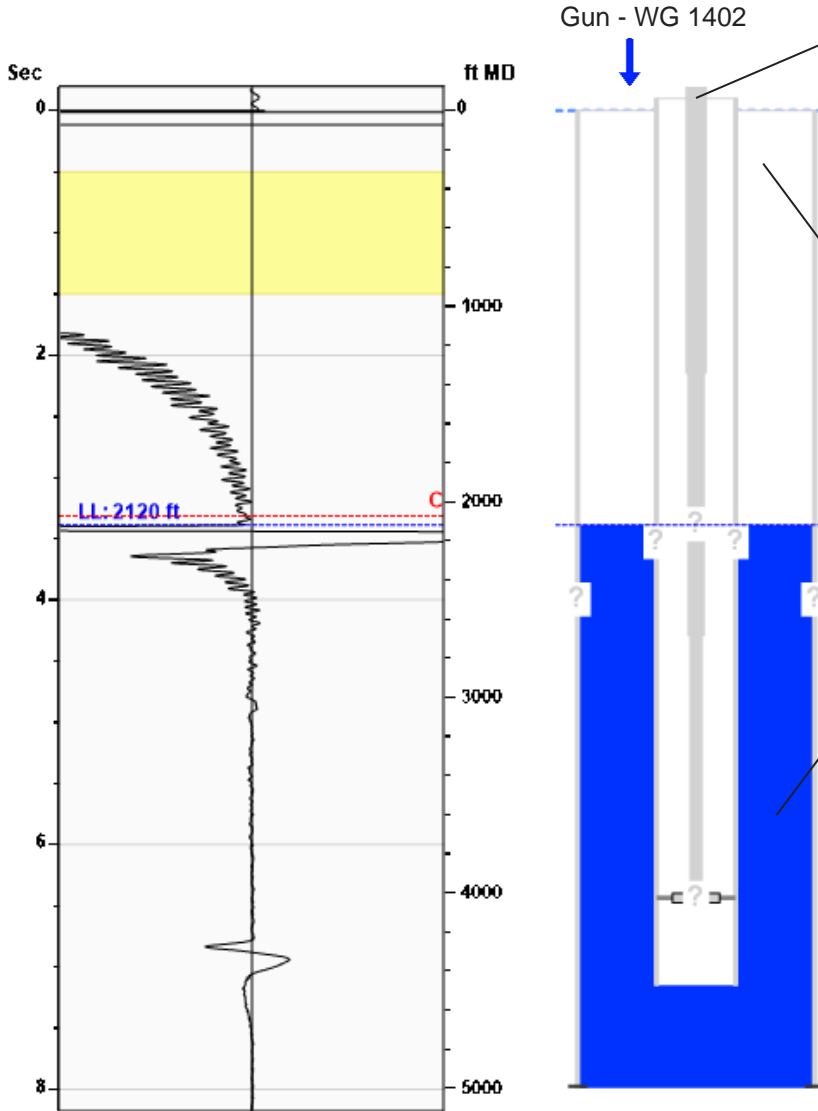
2120 ft MD

Fluid Above Pump

.* ft TVD

Equivalent Gas Free Above Pump

.* ft TVD



Production

| | | | |
|----------------------|----------|-----------|--------|
| Date Entered | 12/12/23 | | |
| Oil | Current | Potential | BBL/D |
| Water | .* | .* | BBL/D |
| Gas | .* | .* | Mscf/D |
| IPR Method | Vogel | | |
| PBHP/SBHP | 1.00 | | |
| Producing Efficiency | 0.00% | | |

Casing Pressure

| | |
|----------|-------------|
| Pressure | 0.0 psi (g) |
|----------|-------------|

Annular Gas Flow

| | |
|----------|-----------|
| Gas Flow | .* Mscf/D |
|----------|-----------|

Fluid Properties

| | |
|---------------------|---------|
| % Liquid Above Pump | 100.00% |
| % Liquid Below Pump | .* |

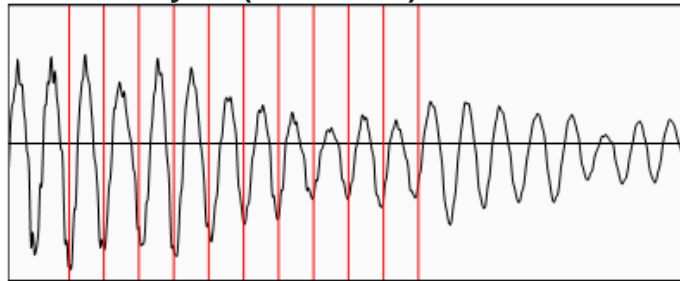
Depths

| | |
|-------------------|---------|
| Pump Intake Depth | 0 ft |
| Formation Depth | 5000 ft |

Wellbore Pressures

| | |
|-------------------|----|
| PIP | .* |
| PBHP | .* |
| SBHP | .* |
| Gas/Liq Interface | .* |

Collar Analysis (Automatic)



| | |
|---------------------------|---------------|
| Average Acoustic Velocity | 1251 ft/s |
| Average Joints Per Sec. | 19.74 Jts/sec |
| Joints To Liquid | 66.89 Jts |

Casing Pressure Buildup

No Pressure Acquired

| | |
|--|----------------|
| Casing Pressure | 0.0 psi (g) |
| Buildup | 0.0 psi (g) |
| Buildup Time | 0 sec |
| Gas Gravity from Collar Analysis (Automatic) | 0.7345 Air = 1 |

Comments and Recommendations

Acoustic Test

Echometer Company
 5001 Ditto Lane
 Wichita Falls, TX 76302
 (940) 767-4334
 info@echometer.com

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

12/14/2023

Kenneth C Gates
Iuka-Carmi Development LLC
PO BOX 847
PRATT, KS 67124-0847

Re: Temporary Abandonment
API 15-151-10241-00-02
SICU 5
NW/4 Sec.18-27S-12W
Pratt County, Kansas

Dear Kenneth C Gates:

"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 12/14/2024.

- * 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 12/14/2024.

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

Very truly yours,

Michael Maier"