KOLAR Document ID: 1748534

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 316.337.7400

Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#   |                     |                   |            | API No. 15 Spot Description:                        |                     |                    |                            |                  |           |         |    |            |              |                 |             |
|--|---------------------|-------------------|------------|---|---------------------|--------------------|----------------------------|------------------|-----------|---------|----|------------|--------------|-----------------|-------------|
|  |                     |                   |            |   |                     |                    |                            | Address 1:       |           |         |    |            | Sec          | Twp S           | . R 🗌 E 🔲 W |
| Address 2:   |                     |                   |            |   |                     |                    |                            |                  |           |         |    |            |              |                 |             |
|  |                     |                   |            |   |                     |                    |                            |                  |           |         |    | Spud Date: |              | Date Shut-In: _ |             |
|  |                     |                   |            |   |                     |                    |                            |                  | Conductor | Surface | Pr | oduction   | Intermediate | Liner           | Tubing      |
|  |                     |                   |            |   |                     |                    |                            | Size             |           |         |    |            |              |                 |             |
|  |                     |                   |            |   |                     |                    |                            | Setting Depth    |           |         |    |            |              |                 |             |
|  |                     |                   |            |   |                     |                    |                            | Amount of Cement |           |         |    |            |              |                 |             |
|  |                     |                   |            |   |                     |                    |                            | Top of Cement    |           |         |    |            |              |                 |             |
|  |                     |                   |            |   |                     |                    |                            | Bottom of Cement |           |         |    |            |              |                 |             |
| Casing Fluid Level from Surfa  | ico.                | How               | Determined | )   |                     |                    | Date:                      |                  |           |         |    |            |              |                 |             |
| -  |                     |                   |            |   |                     |                    |                            |                  |           |         |    |            |              |                 |             |
| Casing Squeeze(s):(top)  Do you have a valid Oil & Gas                   |                     | _                 |            | (top)   | (bottom)            |                    |                            |                  |           |         |    |            |              |                 |             |
| Depth and Type:  | Hole at             | Tools in Hole at  | Ca         | asing Leaks:  | Yes No Depth        | of casing leak(s): |                            |                  |           |         |    |            |              |                 |             |
|  |                     |                   |            |   |                     |                    |                            |                  |           |         |    |            |              |                 |             |
| Type Completion: ALT. I  |                     |                   |            |   |                     |                    | / Sack of Cernetit         |                  |           |         |    |            |              |                 |             |
| Packer Type:   | Size:               |                   | Inch       | Set at:   | Fee                 | t                  |                            |                  |           |         |    |            |              |                 |             |
| Total Depth:   | Plug Bac            | k Depth:          |            | Plug Back Meth                                      | od:                 |                    |                            |                  |           |         |    |            |              |                 |             |
| Geological Date:   |                     |                   |            |   |                     |                    |                            |                  |           |         |    |            |              |                 |             |
| Formation Name Formation Top Formation Base                              |                     |                   |            | Completion Information                              |                     |                    |                            |                  |           |         |    |            |              |                 |             |
| 1  | At: to Feet Pe      |                   | eet Perfo  | oration Interval to Feet or Open Hole Interval to F |                     |                    | val toFeet                 |                  |           |         |    |            |              |                 |             |
| 2  |                     | to F              |            |   |                     |                    | val toFeet                 |                  |           |         |    |            |              |                 |             |
|  |                     |                   |            |   |                     |                    |                            |                  |           |         |    |            |              |                 |             |
| IINDED DENALTY OF DED I  | IIDV I LIEDEDV ATTE | ET TUAT THE INCOM | MATION CO  | NTAINED LIED  | EIN IS TOLIE AND CO | ADDECT TO THE DEC  | FOE MV I/NOMI EDGE         |                  |           |         |    |            |              |                 |             |
|  |                     | Subm              | itted Ele  | ectronicall   | y                   |                    |                            |                  |           |         |    |            |              |                 |             |
|  |                     |                   |            |   |                     |                    |                            |                  |           |         |    |            |              |                 |             |
| Do NOT Write in This Date Tested: Results:                               |                     |                   |            |   | Date Plugged:       | Date Repaired: D   | ate Put Back in Service:   |                  |           |         |    |            |              |                 |             |
| Space - KCC USE ONLY   | Bato Tooloa.        |                   | rtoodito.  |   | Bato i laggoa.      | Dato Ropalioa.     | ato i di Baok ili Colvico. |                  |           |         |    |            |              |                 |             |
|  |                     |                   |            |   |                     |                    |                            |                  |           |         |    |            |              |                 |             |
| Review Completed by:   |                     |                   | Comr       | ments:  |                     |                    |                            |                  |           |         |    |            |              |                 |             |
| TA Approved: Yes   | Denied Date:        |                   |            |   |                     |                    |                            |                  |           |         |    |            |              |                 |             |
|  |                     | Mail to the A     | ppropriate | KCC Conserv   | vation 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

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

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

## 02/08/2024

Roscoe G. Jackson II Jackson Brothers, L.L.C. 116 E 3RD ST EUREKA, KS 67045-1747

Re: Temporary Abandonment API 15-073-20592-00-00 G K JACKSON HEIRS 26 SW/4 Sec.23-25S-08E Greenwood County, Kansas

## Dear Roscoe G. Jackson II:

"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 02/08/2025.

- \* 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 02/08/2025.

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

Very truly yours,

Thad Triboulet ECRS"