

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: _____
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: _____

Table with 7 columns: Conductor, Surface, Production, Intermediate, Liner, Tubing. Rows include 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: _____
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): _____
Type Completion: _____ ALT. I _____ ALT. II Depth of: _____ DV Tool: _____ w / _____ sacks of cement _____ Port Collar: _____ w / _____ sack of cement
Packer Type: _____ Size: _____ Inch Set at: _____ Feet
Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Table with 2 columns: Formation Name, Completion Information. Rows 1 and 2 for formation details.

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

Submitted Electronically

Form with fields: 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 (Yes/No), Date.

Mail to the Appropriate KCC Conservation Office:

Table with 2 columns: Office Address, Phone Number. Rows for District Office #1, #2, #3, #4.

57-4334

ECHOMETER MODEL M V2.3.3
SERIAL NO: 3002
ECHOMETER COMPANY
5001 DITTS LA W
WICHITA FALLS TEXAS 76302
PHONE 940 - 721 - 4334
FAX 940 - 721 - 7507
E-MAIL INFO@ECHOMETER.COM

POWER ON
SELF TEST
PASS
BATTERY
VOLTS

TURN
ON
CHARGE
DRIVE
TO
TEST
WELL

ECHOMETER COMPANY PHONE-940-767-4334

WELL
CASH PRESSURE.....
 ΔP
 ΔT
PRODUCTION RATE.....

JOINTS TO LIQUID
DISTANCE TO LIC
FBHP
SBHP
PROD RATE EFF,
MAX PRODUCTION

PANY PHONE-940-767-4334

JOINTS TO LIQUI
DISTANCE TO LIC ID.....
PBHP
SBHP
PROD RATE EFF.
MAX PRODUCTION

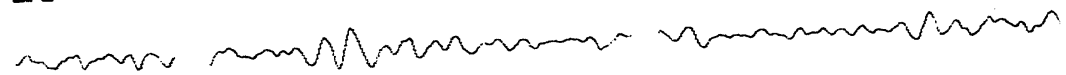
02/28 0024 09:55:37
QUIET WELL
LOWER DOLLARS A: 9.6
P-P 0.034 mV

LIQUID LEVEL A: 6.6
P-P 0.031 mV

GENERATE
PULSE

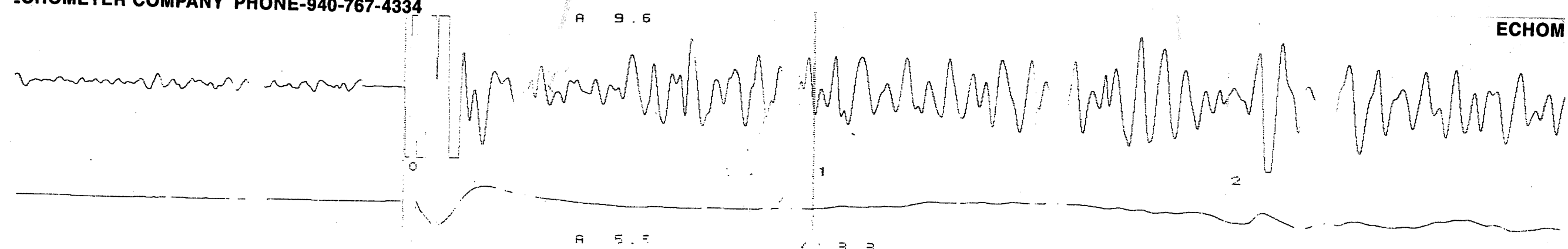
11.1
VOLTS

LC

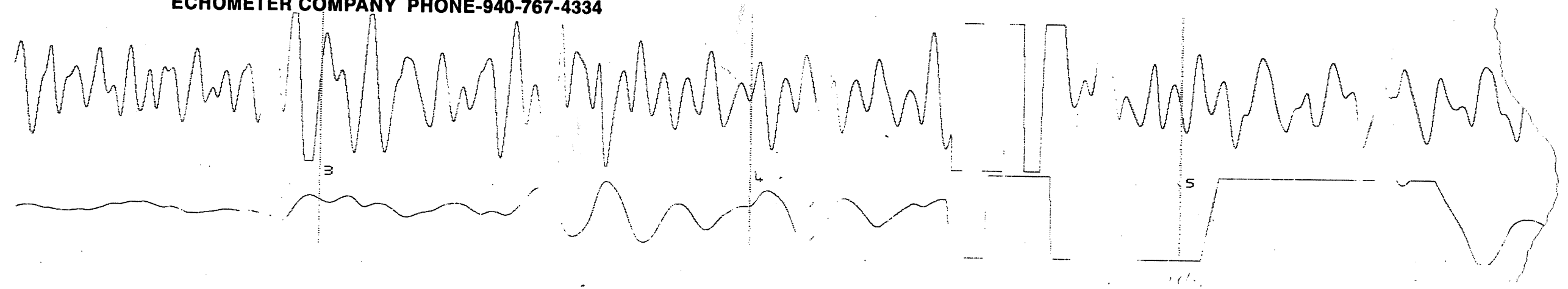


ECHOMETER COMPANY PHONE-940-767-4334

ECHOM



ECHOMETER COMPANY PHONE-940-767-4334



03/05/2024

Michael W Bowman
Bowman Oil Company, a General Partnership
805 CODELL RD
CODELL, KS 67663-8500

Re: Temporary Abandonment
API 15-051-22369-00-01
LEIKAM 4
SE/4 Sec.03-12S-18W
Ellis County, Kansas

Dear Michael W Bowman:

"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 03/05/2025.

- * 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 03/05/2025.

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

Very truly yours,

RICHARD WILLIAMS"