KOLAR Document ID: 1770187

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

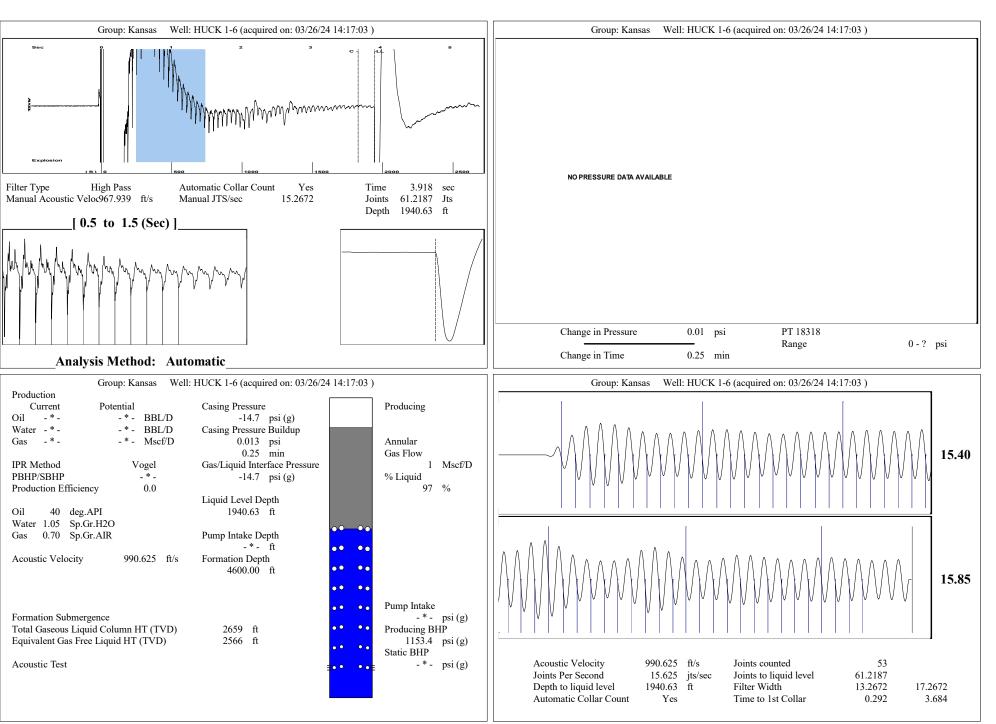
Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#   |   |                   |               |         | API No. 15-   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
|--|---|-------------------|---------------|---------|---|--|-------------------|-----------|-------------------|------------|------------|-----------|-------|----|-----|------------|-------------|-----------|---------|--------|---|
| Name:  |   |                   |               |         | API No. 15  |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
|  |   |                   |               |         |   |  |                   |           |                   |            | Address 2: |           |       |    |     |            |             | feet from |         |        |   |
|  |   |                   |               |         |   |  | feet from         |           |                   | of Section |            |           |       |    |     |            |             |           |         |        |   |
| Contract Person:   |   |                   |               |         | GPS Location: Lat:, Long:   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Contact Person:  |   |                   |               |         | Datum:         NAD27         NAD83         WGS84           County:         Elevation:         GL         KB           Lease Name:         Well #:         Well #:           Well Type: (check one)         Oil         Gas         OG         WSW         Other:           SWD Permit #:         ENHR Permit #:           Gas Storage Permit #:         ENHR Permit #:         Text Permit #: |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Phone:( )  |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
|  |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     | Spud Date: |             | Date S    | hut-In: |        |   |
|  |   |                   |               |         |   |  |                   |           |                   |            |            | Conductor | Surfa | се | Pro | oduction   | Intermediat | e Li      | ner     | Tubing | J |
|  |   |                   |               |         |   |  |                   |           |                   |            | Size       |           |       |    |     |            |             |           |         |        |   |
| Setting Depth  |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Amount of Cement   |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Top of Cement  |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Bottom of Cement   |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Casing Fluid Level from Surf   | ace:                                    |                   | _ How Deter   | rmined? |   |  |                   | D         | ate:              |            |            |           |       |    |     |            |             |           |         |        |   |
| Casing Squeeze(s):   | to w                                    | /                 | sacks of cem  | ent,    | to  | (hottom) W /                               | sacks of          | cement. D | )ate:             |            |            |           |       |    |     |            |             |           |         |        |   |
| رمان<br>Do you have a valid Oil & Ga   | • • •                                   |                   |               |         | (100)   | (bottom)                                   |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
|  |   |                   |               | 0       | –   | ]v 🗀 v                                     |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Depth and Type:  |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Type Completion: ALT.  | I ALT. II Depth                         | of: DV Too        | l:(depth)     | w/_     | sacks   | of cement F                                | Port Collar:      | w / .     | sack o            | of cement  |            |           |       |    |     |            |             |           |         |        |   |
| Packer Type: Size: Inch  |   |                   |               |         | Set at:   |  | Feet              |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Total Depth:   | Plug Back Depth:                        |                   |               |         | Plug Back Method:   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Geological Date:   |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Formation Name   | Formatio                                | n Top Formation   | on Base       |         |   | Comp                                       | etion Information |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| l  | ·                                       |                   |               | Perfo   | Perforation Interval to Feet or Open Hole Interval  |  |                   |           |                   | Feet       |            |           |       |    |     |            |             |           |         |        |   |
| 2  |   | to                |               |         |   |  | Feet or Open H    |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| -  |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| INDED DENALTY OF BED   | IIIBV I UEBEBV ATT                      | COT TUAT TUE      | INFORMATI     | ON CO   | NITAINED HED  | EIN IC TOLIE AN                            | D CODDECT TO T    | JE DEST   | DE MIV IZMOMILI   | :DCE       |            |           |       |    |     |            |             |           |         |        |   |
|  |   | 5                 | Submitte      | d Ele   | ctronically   | y  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
|  |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Do NOT Write in This   | NOT Write in This Date Tested: Results: |                   |               |         |   | Date Plugge                                | d: Date Repaire   | d: Date   | e Put Back in Ser | vice:      |            |           |       |    |     |            |             |           |         |        |   |
| Space - KCC USE ONLY   |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Review Completed by:   |   |                   |               | _ Comn  | nents:  |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| TA Approved: Yes   | Denied Date                             | :                 |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
|  |   | Mail 4            | o the Annro   | nriate  | KCC Conserv   | ation Office:                              |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Mail to the Appropriate KCC Conservation Office:  KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 |   |                   |               |         |   |  |                   |           | Phone 620.68      | 2 7033     |            |           |       |    |     |            |             |           |         |        |   |
|  |   |                   |               |         |   | Building 600, Suite 601, Wichita, KS 67226 |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
|  | KCC Dis                                 | trict Office #2 - | . Ა45U N. K0C | к кoad, | building 600, S   | ouite 601, Wichita                         | i, NO 6/226       |           | Phone 316.33      | 7.7400     |            |           |       |    |     |            |             |           |         |        |   |

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. 1 210 E. Frontview, Suite A Dodge City, KS 67801



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

Laura Kelly, Governor

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

## 03/28/2024

Jeff Scarbrough Shakespeare Oil Co., Inc. 202 West Main St SALEM, IL 62881-1519

Re: Temporary Abandonment API 15-171-20497-00-00 HUCK 1-6 SW/4 Sec.06-18S-31W Scott County, Kansas

## Dear Jeff Scarbrough:

"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 03/28/2025.

- \* 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 03/28/2025.

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

Very truly yours,

Michael Maier"