#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#          |                 |                   |                 | API No. 15                |                        |                             |              |          |           |       |
|-----------------------------|-----------------|-------------------|-----------------|---------------------------|------------------------|-----------------------------|--------------|----------|-----------|-------|
| Name:                       |                 |                   |                 | Spot Descrip              | tion:                  |                             |              |          |           |       |
| Address 1:                  |                 |                   |                 | ··                        | Se                     | ec Twp                      | S. R.        |          | _ 🗌 E     | W     |
| Address 2:                  |                 |                   |                 |                           |                        | fe                          |              |          |           |       |
| City: State: Zip: +         |                 |                   |                 | GPS Location: Lat:, Long: |                        |                             |              |          |           |       |
| Contact Person:             |                 |                   |                 |                           | (6                     | .g. xx.xxxxx)<br>AD83 WGS84 | , Long:      | (e.gxxx. | .xxxxx)   |       |
| Phone:()                    |                 |                   |                 |                           |                        | Elevation:                  |              |          | GL        | Пкв   |
| Contact Person Email:       |                 |                   |                 | -                         |                        |                             |              |          |           |       |
| Field Contact Person:       |                 |                   |                 | Well Type: (c             | heck one) 🗌 (          | Oil 🗌 Gas 🗌 OC              | G 🗌 wsw 🗌 d  | Other:   |           |       |
| Field Contact Person Phon   |                 |                   |                 |                           |                        | [                           |              | #:       |           |       |
|                             | ()              |                   |                 |                           |                        |                             |              |          |           |       |
|                             |                 |                   |                 | Spud Date: _              |                        | Da                          | ite Shut-In: |          |           |       |
|                             | Conductor       | Surface           | Pro             | duction                   | Intermedia             | ate                         | Liner        |          | Tubing    |       |
| Size                        |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Setting Depth               |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Amount of Cement            |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Top of Cement               |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Bottom of Cement            |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Casing Fluid Level from Su  | rface:          | F                 | low Determined? |                           |                        |                             | Dat          | te:      |           |       |
| Casing Squeeze(s):          |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Do you have a valid Oil & O | as Lease? 🗌 Yes | No                |                 |                           |                        |                             |              |          |           |       |
| Depth and Type: 🗌 Junk      | in Hole at      | Tools in Hole at  | Ca              | sing Leaks:               | Yes 🗌 No               | Depth of casing             | leak(s):     |          |           |       |
|                             |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Type Completion: ALT        |                 |                   |                 |                           |                        |                             | depth)       |          | Sack of C | ,emen |
| Packer Type:                | Size: _         |                   | Inch            | Set at:                   |                        | Feet                        |              |          |           |       |
| T ( I D )                   | Plug B          | ack Depth:        |                 | Plug Back Method          | d:                     |                             |              |          |           |       |
| Iotal Depth:                |                 |                   |                 |                           |                        |                             |              |          |           |       |
| Geological Date:            |                 |                   |                 |                           | Completion Information |                             |              |          |           |       |
| Geological Date:            | Formatio        | n Top Formation B | ase             |                           | Com                    | pletion Information         | on           |          |           |       |
|                             |                 |                   |                 | ration Interval           |                        | pletion Informatio          |              | t        | to        | _Feet |

### Submitted Electronically

| <i>Do NOT Write in This<br/>Space -</i> KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|------------------------------------------------------|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                                 |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 D                               | 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 |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

Conservation Division District Office No. 3 137 E. 21st Street Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

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

04/10/2024

DEB BALLARD Colt Energy Inc PO BOX 388 IOLA, KS 66749-0388

Re: Temporary Abandonment API 15-205-27802-00-00 WEST A4 NE/4 Sec.27-30S-16E Wilson County, Kansas

Dear DEB BALLARD:

Your application for Temporary Abandonment (TA) for the above-listed well is denied for the following reasons(s):

#### echometer tape needs to be submitted with CP-111

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by 05/10/2024.

# This deadline does NOT override any compliance deadline given to you in any Commission Order.

You may contact me if you have any questions.

Sincerely, Levi Burnett ECRS KCC DISTRICT 3