

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:

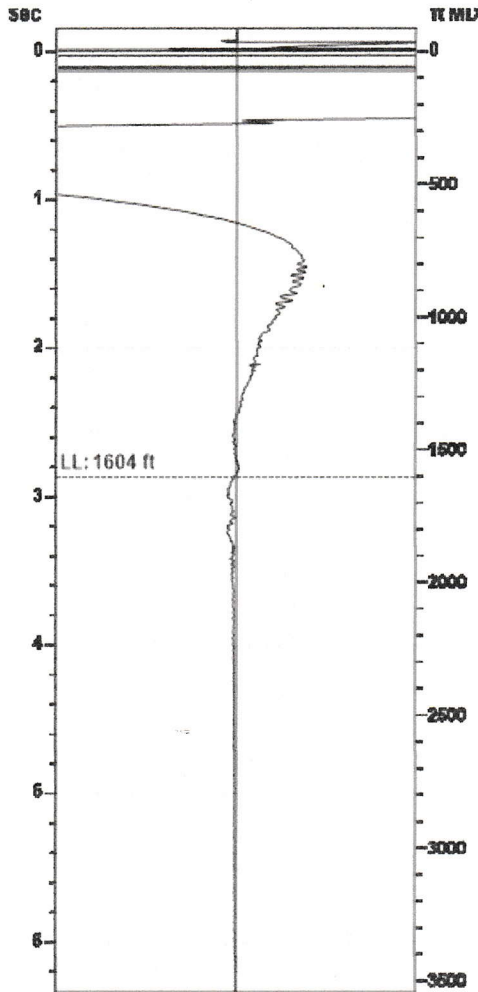
| | | |
|--|--|--------------------|
|  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 | Phone 620.682.7933 |
| | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720 | Phone 620.902.6450 |
| | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651 | Phone 785.261.6250 |

Liquid Level

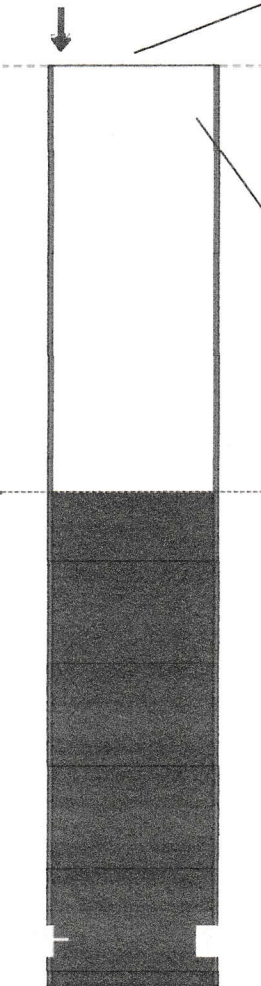
1604 ft MD

Fluid Above Tubing
Gas Free Above Tubing

** ft TVD
** ft TVD



Gun - WRF721



Production

| | | | |
|----------------------|----------|-----------|--------|
| Date Entered | 04/09/24 | | |
| | Current | Potential | |
| Oil | ** | ** | BBL/D |
| Water | ** | ** | BBL/D |
| Gas | ** | ** | Mscf/D |
| IPR Method | Vogel | | |
| PBHP/SBHP | 1.00 | | |
| Producing Efficiency | 0.00% | | |

Casing Pressure

| | |
|----------|--------------|
| Pressure | -0.2 psi (g) |
|----------|--------------|

Annular Gas Flow

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

Fluid Properties

| | |
|-----------------------|----|
| % Liquid Above Tubing | ** |
| % Liquid Below Tubing | ** |

Wellbore Pressures

| | |
|-------------------|----|
| TIP | ** |
| PBHP | ** |
| SBHP | ** |
| Gas/Liq Interface | ** |

Depths

| | |
|-----------------|------|
| Tubing Depth | 0 ft |
| Formation Depth | 0 ft |

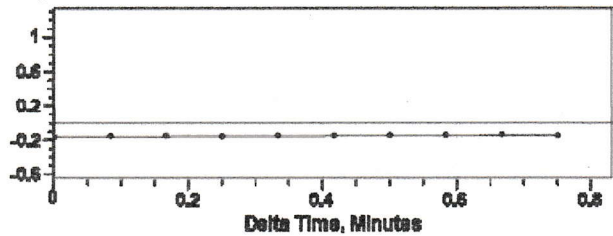
Acoustic Velocity

| | | |
|-----------------|----------------|-----------|
| Surface Temp | 70 deg F | 0.00% CO2 |
| Bottomhole Temp | 150 deg F | 0.00% N2 |
| Pressure | -0.2 psi (g) | 0.00% H2S |
| Gas Gravity | 0.9220 Air = 1 | |

| | |
|-------------------|---------------|
| Acoustic Velocity | 1118 ft/s |
| Joints Per Sec. | 17.64 Jts/sec |
| Joints To Liquid | 50.60 Jts |

Calculated From Known Gas Specific Gravity

Casing Pressure Buildup



| | |
|------------------------------------|----------------|
| Casing Pressure | -0.2 psi (g) |
| Buildup | 0.0 psi (g) |
| Buildup Time | 45 sec |
| Gas Gravity from Acoustic Velocity | 0.9220 Air = 1 |

Comments and Recommendations

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

04/10/2024

Eugene Leiker
Tri United, Inc
950 270th Ave
HAYS, KS 67601-9503

Re: Temporary Abandonment
API 15-051-19093-00-00
J P GROSS A 1
SW/4 Sec.25-13S-18W
Ellis County, Kansas

Dear Eugene Leiker:

"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 04/10/2025.

- * 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 04/10/2025.

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

Very truly yours,

RICHARD WILLIAMS"