

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 _____ (depth) Tools in Hole at _____ (depth) 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 4 columns: Formation Name, Formation Top, Formation Base, Completion Information. Rows 1 and 2.

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: Yes Denied Date: _____

Mail to the Appropriate KCC Conservation Office:

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

ECHOMI

ECHOMETER COMPANY PHONE-940-767-4334

ECHOMETER COMPANY PHONE-940-767-4334

767-4334

WELL Steckel 1-2
CASING PRESSURE 0
ΔP
ΔT
PRODUCTION RATE 0

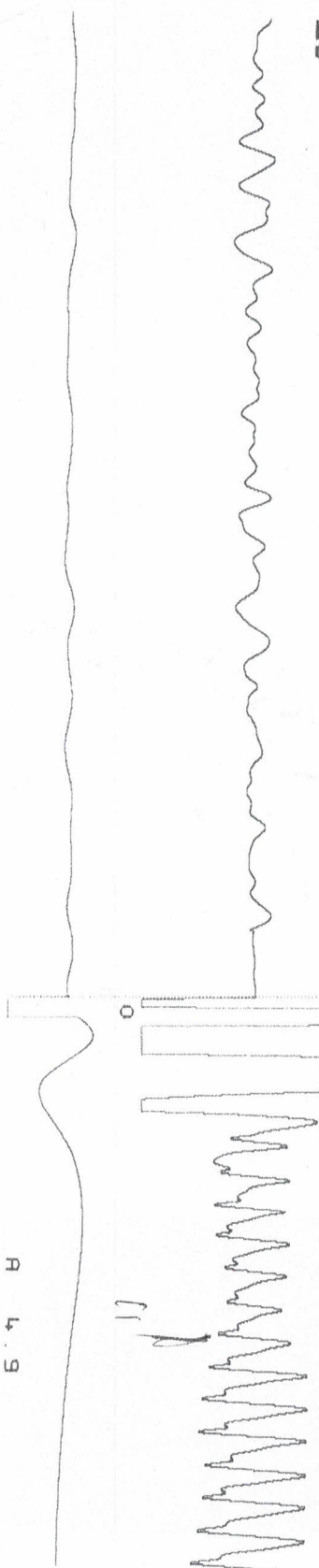
JOINTS TO LIQUID 70
DISTANCE TO LIQUID 3205
PBHP Ave ST
SBHP 31.5
PRD RATE EFF, %
MAX PRODUCTION

05/02/2024 13:29:11
QUIET WELL
LOWER COLLARS A: 7.7
P-P 0.247 mV

LIQUID LEVEL A: 4.9 12.

GENE
FUI

6 4 9



12.2

GENERATE
PULSE

LC

PHONE-940-767-4334

1

ECHOMETER COMPANY PHONE-940-767-4334

ECHOMETER COMPANY PHONE-940-767-4334

1

7

6

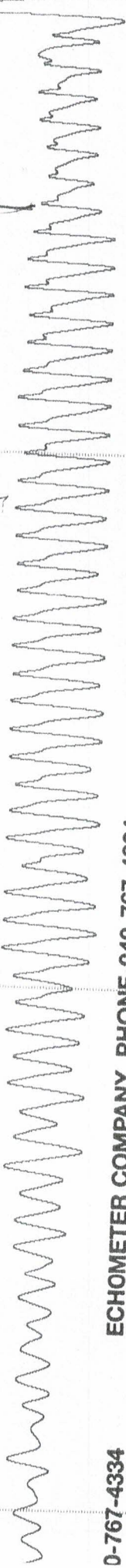
E . E . Z . A

5 . 4 . 8

3

2

1



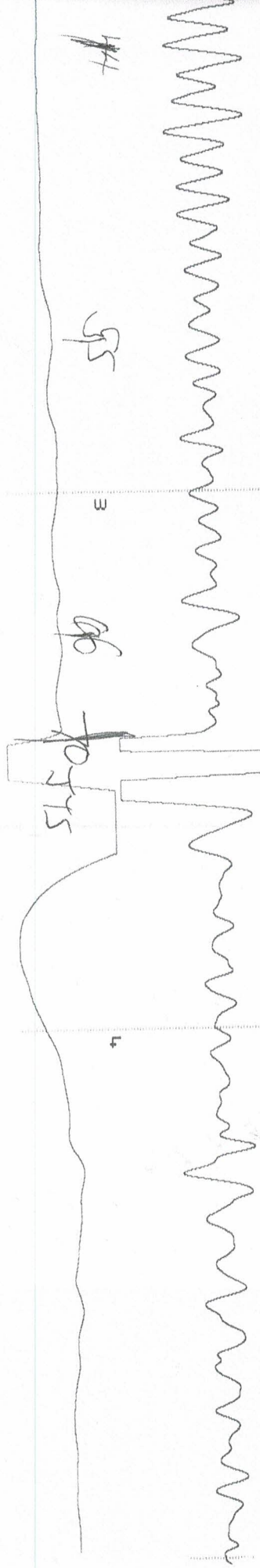
0-767-4334

ECHOMETER COMPANY PHONE-940-767-4334

ECHOMETER COMPANY PHONE-940-767-4334

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ECHO



ECHOMETER COMPANY P

ECHOMETER COMPANY PHONE-940-767-4334

ECHOMETER COMPANY PHONE-940-767-4334

Conservation Division
District Office No. 1
210 E. Frontview, Suite A
Dodge City, KS 67801



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

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

Laura Kelly, Governor

05/06/2024

Kraig Gross
Kansas Natural Gas Operating, LC
1200 MAIN ST
PO BOX 818
HAYS, KS 67601-0818

Re: Temporary Abandonment
API 15-129-21207-00-00
STECKEL 1-2
NW/4 Sec.32-31S-40W
Morton County, Kansas

Dear Kraig Gross:

"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 05/06/2025.

- * 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 05/06/2025.

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

Very truly yours,

Michael Maier"