### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#  |                                   |               |              | API No. 15-            | API No. 15   |               |                    |        |           |  |
|---|-----------------------------------|---------------|--------------|------------------------|--|---------------|--------------------|--------|-----------|--|
|   |                                   |               |              | Spot Descri            | Spot Description:  |               |                    |        |           |  |
| Address 1:  |                                   |               |              | _                      | Se   | ес Т          | wp S. R            |        | E 🗌 W     |  |
| Address 2:  |                                   |               |              | _                      |  |               | feet from N /      |        |           |  |
| City:        Zip:       +         Contact Person:          Phone: |                                   |               |              |                        | feet from       E /       W Line of Section         GPS Location:       Lat: |               |                    |        |           |  |
|   |                                   |               |              | GFS LOCALIC            |  |               |                    |        |           |  |
|   |                                   |               |              |                        |  |               |                    |        |           |  |
| Contact Person Email:   |                                   |               |              |                        |  |               | Well #:            |        |           |  |
| Field Contact Person:   |                                   |               |              | Well Type: (6          | check one) 🗌 (   | Dil 🗌 Gas 🗌   |                    | her:   |           |  |
| Field Contact Person Phone  |                                   |               |              | SWD Pe                 | SWD Permit #: ENHR Permit #:   |               |                    |        |           |  |
|   |                                   |               |              |                        | rage Permit #: _   |               |                    |        |           |  |
|   |                                   |               |              | Spud Date:             |  |               | Date Shut-In:      |        |           |  |
|   | Conductor                         | Surface       |              | Production             | Intermedia   | ate           | Liner              | Tubing | <b>j</b>  |  |
| Size  |                                   |               |              |                        |  |               |                    |        |           |  |
| Setting Depth   |                                   |               |              |                        |  |               |                    |        |           |  |
| Amount of Cement  |                                   |               |              |                        |  |               |                    |        |           |  |
| Top of Cement   |                                   |               |              |                        |  |               |                    |        |           |  |
| Bottom of Cement  |                                   |               |              |                        |  |               |                    |        |           |  |
| Casing Fluid Level from Su  | rface:                            |               | How Determin | ied?                   |  |               | Date               |        |           |  |
| Casing Squeeze(s):  |                                   |               |              |                        |  |               |                    |        |           |  |
| Do you have a valid Oil & G                                       | as Lease? 🗌 Yes                   | No            |              |                        |  |               |                    |        |           |  |
| Depth and Type: 🗌 Junk  | in Hole at                        | Tools in Hole | at           | Casing Leaks:          | Yes 🗌 No   | Depth of casi | ng leak(s):        |        |           |  |
| Type Completion:  |                                   |               |              |                        |  |               |                    |        | of cement |  |
|   |                                   |               |              |                        |  |               | (depth)            |        |           |  |
| Packer Type:  |                                   |               | I            | nch Set at             |  | _ reel        |                    |        |           |  |
| Total Depth:  | Plug B                            | ack Depth:    |              | Plug Back Method       | od:  |               |                    |        |           |  |
| Geological Date:  |                                   |               |              |                        |  |               |                    |        |           |  |
|   | Name Formation Top Formation Base |               |              | Completion Information |  |               |                    |        |           |  |
| Formation Name  |                                   | 4.5           | Foot P       | aufauation Interval    | to   | Feet or (     | Open Hole Interval | to     | Foot      |  |
| Formation Name 1.   | At:                               | to            | 1661 1       | enoration interval _   | 10   |               |                    | 10     | 1 661     |  |

# Submitted Electronically

| Do NOT Write in This<br>Space - 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:

| $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 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

## 05/15/2024

s Leis, Steven A. 1135 30TH RD YATES CENTER, KS 66783-5107

Re: Temporary Abandonment API 15-207-28582-00-00 FREDERICK 4 NE/4 Sec.04-26S-17E Woodson County, Kansas

Dear s:

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

## High Fluid Level

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by 06/14/2024.

# 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, Ryan Tromsness ECRS KCC DISTRICT 3