KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CF-111
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| API No. 15-  |  |                                     |                            |          |              |                   |             |                       |                  |            |                    |         |
|--|--|-------------------------------------|----------------------------|----------|--------------|-------------------|-------------|-----------------------|------------------|------------|--------------------|---------|
| Sec   Twp.   S. R.     E   W   | OPERATOR: License#   |                                     |                            |          |              | API No. 15-       |             |                       |                  |            |                    |         |
| State   Stat   | Name:  |                                     |                            |          |              | Spot Descr        | iption:     |                       |                  |            |                    |         |
|  | Address 1:   |                                     |                            |          |              |                   |             |                       | -                |            |                    |         |
| State   Zip:   | Address 2:   |                                     |                            |          |              |                   |             |                       |                  |            |                    |         |
| Datum:   NAD27   NAD28   WGS84   Country:   Elevation:   GL   KB   Contact Person Email:   | City:  | State:                              | _ Zip:                     | +        |              |                   |             |                       |                  |            |                    | Section |
| Country: Elevation:   G.L. KB Contact Person Email:   Well #:   Lease Name:   Well #:   Well Type: (check one)   Oil   Gas   OG   WSW   Other:   | Contact Person:  |                                     |                            |          |              | Datum:            | NAD27 NA    | g. xx.xxxxx)<br>D83 W | , 2011g.<br>GS84 |            | (e.gxxx.xxxxx)     |         |
| Well Type: (check one)   Oil   Gas   OG   WSW   Other:   | Phone:( )  |                                     |                            |          |              |                   |             |                       |                  |            | GL                 | . 🗌 КВ  |
| SWD Permit #:  | Contact Person Email:  |                                     |                            |          |              | Lease Nam         | e:          |                       |                  | _ Well #:  |                    |         |
| Gas Storage Permit #:  | Field Contact Person:  |                                     |                            |          |              |                   | , —         |                       |                  |            |                    |         |
| Spud Date: Date Shut-in:    Conductor  | Field Contact Person Phone: (  | ·)                                  |                            |          |              |                   |             |                       |                  | R Permit # | <u> </u>           |         |
| Size Setting Depth Amount of Cement Top of Cement Bottom of Cement  Casing Fluid Level from Surface:  Casing Squeeze(s):  Ves  | ·  | ,                                   |                            |          |              |                   |             |                       |                  | In:        |                    |         |
| Setting Depth Amount of Cement Top of Cement Bottom of Ce |  | Conductor                           | Surfa                      | ice      | Pro          | duction           | Intermedia  | te                    | Liner            |            | Tubing             |         |
| Amount of Cement  Top of Cement  Bottom of Cement  Bottom of Cement  Bottom of Cement  Casing Fluid Level from Surface: How Determined? Date: Casing Squeeze(s): Copy to Cotomy w/ Sacks of cement, Copy to Cotomy w/ Sacks of cement Date: Cotomy w/ Sacks of cement Depth of Casing leak(s): Copy to Cotomy w/ Sacks of cement Depth of Casing leak(s): Copy to Cotomy w/ Sacks of cement Depth of Casing leak(s): Casing le | Size   |                                     |                            |          |              |                   |             |                       |                  |            |                    |         |
| Top of Cement  Bottom of Cemen | Setting Depth  |                                     |                            |          |              |                   |             |                       |                  |            |                    |         |
| Bottom of Cement   Casing Fluid Level from Surface:  | Amount of Cement   |                                     |                            |          |              |                   |             |                       |                  |            |                    |         |
| Casing Fluid Level from Surface:   | Top of Cement  |                                     |                            |          |              |                   |             |                       |                  |            |                    |         |
| Casing Squeeze(s):   | Bottom of Cement   |                                     |                            |          |              |                   |             |                       |                  |            |                    |         |
| Geological Date:  Formation Name  Formation Top Formation Base  Completion Information  At:  | Do you have a valid Oil & Gas  Depth and Type:   Junk in  Type Completion:  ALT. I | Lease? Yes [ Hole at  ALT. II Depth | No Tools in Hol of: DV Too | le at    | Cas<br>w / _ | sing Leaks: sack  | Yes No      | Depth of ca           | sing leak(s):    |            |                    |         |
| Formation Name  Formation Top Formation Base  Completion Information  At:  | Total Depth:   | Plug Ba                             | ack Depth:                 |          |              | Plug Back Method: |             |                       |                  |            |                    |         |
| Formation Name  Formation Top Formation Base  Completion Information  At:  | Geological Date:   |                                     |                            |          |              |                   |             |                       |                  |            |                    |         |
| At:  | -  | Formation                           | Top Formation              | on Base  |              |                   | Comr        | oletion Infor         | mation           |            |                    |         |
| At: to Feet Perforation Interval to Feet or Open Hole Interval to Feet or Open Hole Interval to Feet Submitted Electronically    Do NOT Write in This   Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service: Space - KCC USE ONLY   Comments:  |  | At·                                 | •                          |          | Perfo        | ation Interval    |             |                       |                  | Interval   | to                 | Feet    |
| Submitted Electronically  Do NOT Write in This space - KCC USE ONLY  Review Completed by:  Comments:   | ?  | At:                                 |                            |          |              |                   |             |                       |                  |            |                    |         |
| Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service: Space - KCC USE ONLY  Review Completed by: Comments:   |  | 74.                                 | 0                          | 1001     | 1 01101      | allori intorvar   |             |                       | opon noio        | intorvar — |                    |         |
| Space - KCC USE ONLY  Review Completed by: Comments:   | IMPED DEMAITY OF DED II  | IIDV I LIEDEDV ATT                  |                            |          |              |                   |             | ID COBBE              | ATTA THE E       | PECT OF    | MAN NEICHNI E      | DOE     |
|  |  |                                     |                            | Results: |              |                   | Date Plugge | ed: Date              | e Repaired:      | Date Pu    | t Back in Service: |         |
| TA Approved: Yes Denied Date:  | Review Completed by:   |                                     |                            |          | _ Comm       | ents:             |             |                       |                  |            |                    |         |
|  | TA Approved: Yes   | Denied Date:                        | ·                          |          |              |                   |             |                       |                  |            |                    |         |

## Mail to the Appropriate KCC Conservation Office:

|  |  | i e                |
|--|--|--------------------|
| Name take how two too too and fact many wind over the form   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
| 100 100 100 100 100 100 100 100 100 100  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| The contract of the contract o | 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/

Laura Kelly, Governor

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

## 06/13/2024

Phil Frick Altavista Energy, Inc. 4595 K-33 HIGHWAY PO BOX 128 WELLSVILLE, KS 66092

Re: Temporary Abandonment API 15-121-30588-00-00 East Goetz A-30 NW/4 Sec.09-18S-22E Miami County, Kansas

## Dear Phil Frick:

"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 08/20/2024.

- \* 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 08/20/2024.

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

Very truly yours,

Ryan Hermreck ECRS"