KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License# Name: Address 1: Address 2: | | | | API No. 15 | | | | | |
|---|------------------------------|---------------|-----------------|--|--|----------------------------|--------|--------------------------------|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | City: | State: | Zip: | _ + | feet from E /W Line of Section | |
| Contact Person: | | | | GPS Location: Lat:, Long:, Long: Datum: NAD27 NAD83 WGS84 | | | | | |
| | | | | County: | | | | | |
| | | | | Lease Name: Well #: | | | | | |
| | | | | Well Type: (d | Well Type: (check one) Oil Gas OG WSW Other: | | | | |
| Field Contact Person Phon | | | | | | ENHR Permit # | : | | |
| | () | | | | | Dete Obset las | | | |
| | | | | Spud Date: | | Date Shut-In: | | | |
| | Conductor | Surface | • F | Production | Intermedia | ate Liner | Tubing | | |
| Size | | | | | | | | | |
| Setting Depth | | | | | | | | | |
| Amount of Cement | | | | | | | | | |
| Top of Cement | | | | | | | | | |
| Bottom of Cement | | | | | | | | | |
| Casing Fluid Level from Su | rface: | | How Determine | d? | | Date | | | |
| Casing Squeeze(s): |) to w | s/sa | acks of cement, | to | (bottom) w / _ | sacks of cement. Date | : | | |
| Do you have a valid Oil & O | Gas Lease? 🗌 Yes | No | | | | | | | |
| Depth and Type: Unk | in Hole at | Tools in Hole | at (| Casing Leaks: | Yes No | Depth of casing leak(s): | | | |
| | | | | | | | | | |
| | | | | | | Port Collar: w / | | Comon | |
| Packer Type: | Size: _ | | Inc | ch Set at: | | Feet | | | |
| Total Depth: | Plug B | ack Depth: | | Plug Back Method | od: | | | | |
| | | | | | | | | | |
| Geological Date: | Formation Top Formation Base | | | Completion Information | | | | | |
| - | Formatio | | | | | | | | |
| Geological Date: Formation Name 1 | | to | Feet Per | rforation Interval _ | to | Feet or Open Hole Interval | to | Feet | |

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 🗌 De | 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

06/13/2024

Steve Becker Becker, Steve A. dba A & A Well Service 4500 CONNECTICUT RD ELSMORE, KS 66732-4069

Re: Temporary Abandonment API 15-011-21623-00-00 JOSEPH A SMITH 14 SE/4 Sec.23-26S-21E Bourbon County, Kansas

Dear Steve Becker:

"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 12/10/2024.

* 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 12/10/2024.

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

Very truly yours,

Brad Bohrer ECRS"