## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                          |                             |                  |                        | API No. 15        |              |                             |           |  |  |                           |           |         |    |                              |               |                       |        |  |  |
|---|-----------------------------|------------------|------------------------|-------------------|--------------|-----------------------------|-----------|--|--|---------------------------|-----------|---------|----|------------------------------|---------------|-----------------------|--------|--|--|
| Name:                                       |                             |                  |                        | Spot Description: |              |                             |           |  |  |                           |           |         |    |                              |               |                       |        |  |  |
|   |                             |                  |                        |                   |              |                             |           |  |  |                           |           |         |    |                              |               |                       |        |  |  |
|   |                             |                  |                        |                   |              |                             |           |  |  | Field Contact Person:     |           |         |    |                              |               | il 🗌 Gas 🗌 OG 🗌 WSW 🗌 |        |  |  |
|   |                             |                  |                        |                   |              |                             |           |  |  | Field Contact Person Phon |           |         |    | SWD Permit #: ENHR Permit #: |               |                       |        |  |  |
|   |                             |                  |                        |                   |              |                             |           |  |  |                           | ()        |         |    |                              | age Permit #: | Date Shut-In:         |        |  |  |
|   |                             |                  |                        |                   |              |                             |           |  |  |                           | 1         |         |    | Spuu Dale                    |               |                       |        |  |  |
|   |                             |                  |                        |                   |              |                             |           |  |  |                           | Conductor | Surface | Pr | oduction                     | Intermediat   | e Liner               | Tubing |  |  |
| Size  |                             |                  |                        |                   |              |                             |           |  |  |                           |           |         |    |                              |               |                       |        |  |  |
| Setting Depth                               |                             |                  |                        |                   |              |                             |           |  |  |                           |           |         |    |                              |               |                       |        |  |  |
| Amount of Cement                            |                             |                  |                        |                   |              |                             |           |  |  |                           |           |         |    |                              |               |                       |        |  |  |
| Top of Cement                               |                             |                  |                        |                   |              |                             |           |  |  |                           |           |         |    |                              |               |                       |        |  |  |
| Bottom of Cement                            |                             |                  |                        |                   |              |                             |           |  |  |                           |           |         |    |                              |               |                       |        |  |  |
| Casing Fluid Level from Su                  | ırface:                     | ŀ                | low Determined         | ?                 |              | [                           | Date:     |  |  |                           |           |         |    |                              |               |                       |        |  |  |
|   |                             |                  | ks of cement,          | to                | w /          | sacks of cement. I          | Date:     |  |  |                           |           |         |    |                              |               |                       |        |  |  |
| Do you have a valid Oil & O                 | Gas Lease? Yes              | No               |                        |                   |              |                             |           |  |  |                           |           |         |    |                              |               |                       |        |  |  |
| Depth and Type: 🗌 Junk                      | in Hole at                  | Tools in Hole at | (depth) Ca             | asing Leaks: 🗌    | Yes 🗌 No 🛛 🛛 | Depth of casing leak(s):    |           |  |  |                           |           |         |    |                              |               |                       |        |  |  |
|   |                             |                  |                        |                   |              | Port Collar: w /            |           |  |  |                           |           |         |    |                              |               |                       |        |  |  |
| Packer Type:                                |                             |                  |                        |                   |              |                             |           |  |  |                           |           |         |    |                              |               |                       |        |  |  |
| Total Depth:                                | tal Depth: Plug Back Depth: |                  |                        | Plug Back Method: |              |                             |           |  |  |                           |           |         |    |                              |               |                       |        |  |  |
| Geological Date:                            |                             |                  |                        |                   |              |                             |           |  |  |                           |           |         |    |                              |               |                       |        |  |  |
| Formation Name Formation Top Formation Base |                             | ase              | Completion Information |                   |              |                             |           |  |  |                           |           |         |    |                              |               |                       |        |  |  |
| Formation Name                              |                             |                  |                        |                   | to           | _ Feet or Open Hole Interva | al to Foo |  |  |                           |           |         |    |                              |               |                       |        |  |  |
| Formation Name                              | At:                         | to               | _ Feet Perio           | pration interval  | 10           |                             |           |  |  |                           |           |         |    |                              |               |                       |        |  |  |

## Submitted Electronically

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

|  | 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. 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

07/08/2024

Cheyenne Snapp Burk Royalty Co, Ltd 4245 KEMP BLVD STE 600 WICHITA FALLS, TX 76308-2829

Re: Temporary Abandonment API 15-119-20799-00-00 ADAMS RANCH F-37 NE/4 Sec.04-35S-29W Meade County, Kansas

Dear Cheyenne Snapp:

"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 07/08/2025.

\* 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 07/08/2025.

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

Very truly yours,

Michael Maier"