## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#           |                                |                 |                        | API No. 15                     |            |                            |         |             |   |   |  |  |  |  |                                 |
|------------------------------|--------------------------------|-----------------|------------------------|--------------------------------|------------|----------------------------|---------|-------------|---|---|--|--|--|--|---------------------------------|
|                              |                                |                 |                        |                                |            |                            |         |             |   | Sec Twp S. R E W<br>feet from N / S Line of Section |  |  |  |  |                                 |
|                              |                                |                 |                        |                                |            |                            |         |             |   |   |  |  |  |  |                                 |
|                              |                                |                 |                        | feet from E /W Line of Section |            |                            |         |             |   |   |  |  |  |  |                                 |
|                              |                                |                 |                        | GPS Location: Lat:, Long:      |            |                            |         |             |   |   |  |  |  |  |                                 |
|                              |                                |                 |                        |                                |            |                            |         |             |   | Well Type: (a                                       | Well Type: (check one) Oil Gas OG WSW Other: |  |  |  |                                 |
|                              |                                |                 |                        |                                |            |                            |         |             |   | Field Contact Person Phone                          |  |  |  |  | SWD Permit #:    ENHR Permit #: |
|                              |                                |                 |                        |                                | ()         |                            |         |             | 0 |   |  |  |  |  |                                 |
|                              |                                |                 |                        |                                |            |                            |         | Spud Date:_ |   | Date Shut-In:                                       |  |  |  |  |                                 |
|                              | Conductor                      | Surface         | Р                      | roduction                      | Intermedia | ate Liner                  | Tubing  |             |   |   |  |  |  |  |                                 |
| Size                         |                                |                 |                        |                                |            |                            |         |             |   |   |  |  |  |  |                                 |
| Setting Depth                |                                |                 |                        |                                |            |                            |         |             |   |   |  |  |  |  |                                 |
| Amount of Cement             |                                |                 |                        |                                |            |                            |         |             |   |   |  |  |  |  |                                 |
| Top of Cement                |                                |                 |                        |                                |            |                            |         |             |   |   |  |  |  |  |                                 |
| Bottom of Cement             |                                |                 |                        |                                |            |                            |         |             |   |   |  |  |  |  |                                 |
| Casing Fluid Level from Sur  | face <sup>.</sup>              |                 | How Determined         | 2                              |            | Date:                      |         |             |   |   |  |  |  |  |                                 |
| 0                            |                                |                 |                        |                                |            | sacks of cement. Date      |         |             |   |   |  |  |  |  |                                 |
| Do you have a valid Oil & Ga | as Lease? 🗌 Yes                | No              |                        |                                |            |                            |         |             |   |   |  |  |  |  |                                 |
| Depth and Type: Junk i       | n Hole at                      | Tools in Hole a | at C                   | asing Leaks:                   | Yes No     | Depth of casing leak(s):   |         |             |   |   |  |  |  |  |                                 |
|                              |                                |                 |                        |                                |            |                            |         |             |   |   |  |  |  |  |                                 |
|                              |                                |                 |                        |                                |            | Port Collar: w /           | Sack of | cemen       |   |   |  |  |  |  |                                 |
| Packer Type:                 | Size: _                        |                 | Inc                    | h Set at:                      |            | _ Feet                     |         |             |   |   |  |  |  |  |                                 |
| Total Depth:                 | Plug B                         | ack Depth:      |                        | Plug Back Metho                | od:        |                            |         |             |   |   |  |  |  |  |                                 |
| Geological Date:             |                                |                 |                        |                                |            |                            |         |             |   |   |  |  |  |  |                                 |
| Formation Name               | e Formation Top Formation Base |                 | Completion Information |                                |            |                            |         |             |   |   |  |  |  |  |                                 |
| 1                            | At:                            | to              | Feet Perf              | oration Interval _             | to         | Feet or Open Hole Interval | to      | Feet        |   |   |  |  |  |  |                                 |
|                              |                                | to              |                        |                                |            | Feet or Open Hole Interval |         | _           |   |   |  |  |  |  |                                 |

# 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 De                          | 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

## 07/08/2024

Kyler Finney Finney, Kyler dba Finney Oil Company PO BOX 87 WANN, OK 74083-0087

Re: Temporary Abandonment API 15-125-02861-00-00 KELLENBERGER 4B NW/4 Sec.15-34S-14E Montgomery County, Kansas

Dear Kyler Finney:

"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,

Levi Burnett ECRS"