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- | API No. 15- Spot Description: | | | | | |
|---|---|---------------|------------------------|--------------------|--|----------------------------|--------|---------|--|--|
| | | | | Spot Descri | | | | | | |
| | | | | . | | | | | | |
| | | | | - | | | | | | |
| City: | State: | Zip: | _ + | | feet from E / W Line of Section | | | | | |
| Contact Person: | | | | | GPS Location: Lat:, Long:, Long: Datum: NAD27 NAD83 WGS84 | | | | | |
| Phone:() | | | | | County: Elevation: GL KB | | | | | |
| | | | | | Lease Name: Well #: | | | | | |
| Field Contact Person: | | | | Well Type: (d | check one) 🗌 | Oil Gas OG WSW Ot | ner: | | | |
| Field Contact Person Phon | | | | | SWD Permit #: ENHR Permit #: | | | | | |
| | // | | | | | | | | | |
| | | | | Spud Date: | | Date Shut-In: | | | | |
| | Conductor | Surface | | Production | Intermedi | ate Liner | Tubing | 1 | | |
| 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 | / sa | cks of cement, | to | (bottom) w / | sacks of cement. Date | : | | | |
| Do you have a valid Oil & G | Gas Lease? 🗌 Yes | No | | | | | | | | |
| Depth and Type: Junk | in Hole at | Tools in Hole | at | Casing Leaks: | Yes No | Depth of casing leak(s): | | | | |
| | | | | | | Port Collar: w / | | | | |
| Packer Type: | | | , | | | | | . comon | | |
| Раскег Туре: | Size: _ | | In | ch Set at: | | Feet | | | | |
| Total Depth: | Plug B | ack Depth: | | Plug Back Method | od: | | | | | |
| Geological Date: | | | | | | | | | | |
| Formation Name | Name Formation Top Formation Base | | Completion Information | | | | | | | |
| | . . | to | Feet Pe | rforation Interval | to | Feet or Open Hole Interval | to | Feet | | |
| 1 | At: | | | | | | | | | |

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. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226



Phone: 316-337-7400 http://kcc.ks.gov/

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

07/25/2024

Robert Taylor Taylor, Robert W. dba Taylor Oil Co. PO BOX 894 EL DORADO, KS 67042-0894

Re: Temporary Abandonment API 15-015-40398-00-00 ADAMS 123 SE/4 Sec.31-25S-05E Butler County, Kansas

Dear Robert Taylor:

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

Shut-in Over 10 years

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by 08/24/2024.

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, Jeff Klock, District Supervisor KCC DISTRICT 2