

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License#
Name:
Address 1:
Address 2:
City: State: Zip:
Contact Person:
Phone:
Contact Person Email:
Field Contact Person:
Field Contact Person Phone:

API No. 15-
Spot Description:
Sec. Twp. S. R.
feet from N / S Line of Section
feet from E / W Line of Section
GPS Location: Lat: , Long:
Datum: NAD27 NAD83 WGS84
County: Elevation: GL KB
Lease Name: Well #:
Well Type: Oil Gas OG WSW Other:
SWD Permit #: ENHR Permit #:
Gas Storage Permit #:
Spud Date: Date Shut-In:

Table with 7 columns: Conductor, Surface, Production, Intermediate, Liner, Tubing. Rows include Size, Setting Depth, Amount of Cement, Top of Cement, Bottom of Cement.

Casing Fluid Level from Surface: How Determined? Date:
Casing Squeeze(s): to w / sacks of cement, to w / sacks of cement. Date:
Do you have a valid Oil & Gas Lease? Yes No
Depth and Type: Junk in Hole at Tools in Hole at Casing Leaks: Yes No Depth of casing leak(s):
Type Completion: ALT. I ALT. II Depth of: DV Tool: w / sacks of cement Port Collar: w / sack of cement
Packer Type: Size: Inch Set at: Feet
Total Depth: Plug Back Depth: Plug Back Method:

Geological Data:

Table with 4 columns: Formation Name, Formation Top, Formation Base, Completion Information. Rows 1 and 2.

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

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 Denied Date:

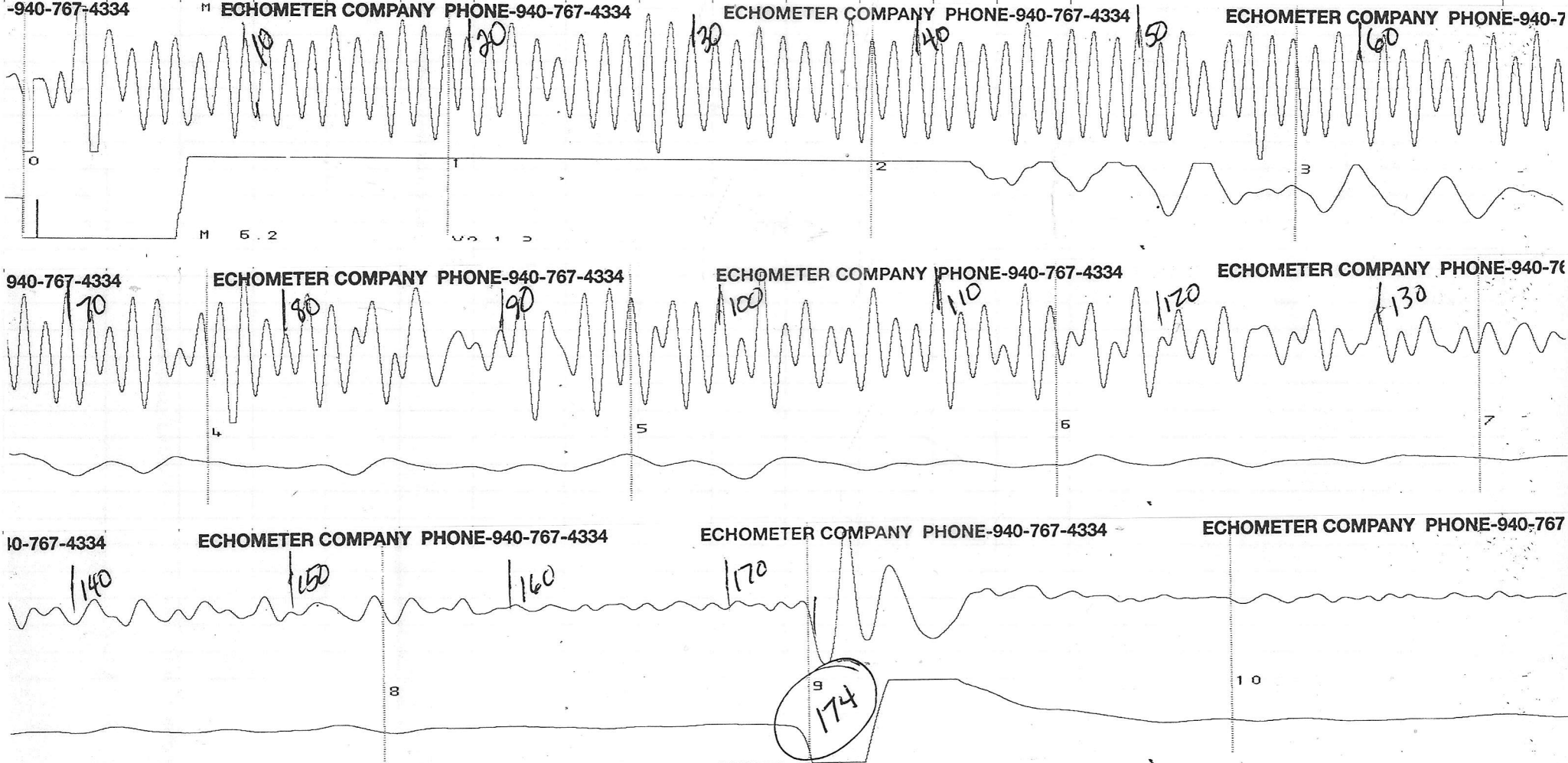
Mail to the Appropriate KCC Conservation Office:

Table with 3 columns: District Office, Address, Phone. Rows for District Office #1, #2, #3, #4.

PRECISION WIRELINE and TESTING
 P.O. BOX 560
 LIBERAL, KANSAS 67905-0560
 620-629-0204

PRODUCER MID-CONTINENT ENERGY OPERATINGCSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
 WELL NAME HAMM #2 TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
 LOCATION SW/4 14-33S-340W PERFS _____ TO _____ TO _____ TO _____ TO _____
 COUNTY MEAD STATE KS PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
 GG _____ API _____ @ _____ GM _____ RESERVOIR _____

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE INITIAL _____ SPEICAL _____ ENDING _____ TEST: ANNUAL _____ RETEST _____ DATE <u>8-9-24</u>		
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS P SIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	REMARKS PERTINENT TO TEST DATA QUALITY		
FRIDAY														184 JTS.		
8-9-24														ASSUME AVERAGE JT. LENGTH = 31.50'		
1200		21.3		PUMP OFF										CONDUCT LIQUID LEVEL DETERMINATION TEST		
														SHOT	JTS TO	DISTANCE
														#	FLUID	TO FLUID
														1	174.0	5481'
														2	174.0	5481'



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

08/12/2024

G. M. Canaday
Mid-Continent Energy Operating Co.
2111 S. ATLANTA PL.
TULSA, OK 74114-1709

Re: Temporary Abandonment
API 15-119-20493-00-00
HAMM TWIN 2
SW/4 Sec.14-33S-30W
Meade County, Kansas

Dear G. M. Canaday:

"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 08/12/2025.

- * 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 08/12/2025.

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

Very truly yours,

Michael Maier"