KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be Typed

### **TEMPORARY ABANDO**

| OPERATOR: License#  |                        |                     |           | API No. 15  |                     |                             |               |  |       |
|---|------------------------|---------------------|-----------|---|---------------------|-----------------------------|---------------|--|-------|
| Name:   |                        |                     |           |   |                     |                             |               |  |       |
| Address 1:  |                        |                     |           | Sec Twp S. R DE DW feet from N / DS Line of Section |                     |                             |               |  |       |
|   |                        |                     |           |   |                     |                             |               |  | City: |
| Contact Person: Phone:( )   |                        |                     |           |   | GPS Location: Lat:  |                             |               |  |       |
|   |                        |                     |           |   |                     |                             |               |  |       |
| Field Contact Person:   |                        |                     |           |   |                     |                             |               |  |       |
| Field Contact Person Phone  |                        |                     |           |   |                     |                             |               |  |       |
|   | , .                    |                     |           | Gas Storage Permit #: Date Shut-In:                 |                     |                             |               |  |       |
|   |                        | Г                   |           |   |                     |                             |               |  |       |
|   | Conductor              | Surface             | Pro       | oduction  | Intermediate        | Liner                       | Tubing        |  |       |
| Size  |                        |                     | -         |   |                     |                             |               |  |       |
| Setting Depth   |                        |                     |           |   |                     |                             |               |  |       |
| Amount of Cement  |                        |                     |           |   |                     |                             | -             |  |       |
| Top of Cement  Bottom of Cement   |                        |                     | -         |   |                     |                             |               |  |       |
| Bottom or Cement  |                        | <u> </u>            |           |   |                     |                             |               |  |       |
| Casing Fluid Level from Surf  | face:                  | How De              | termined? |   |                     | Dat                         | ie:           |  |       |
| Casing Squeeze(s):  | to w /                 | sacks of ce         | ment,     | to _  | (bottom) W /        | sacks of cement. Dat        | te:           |  |       |
| Do you have a valid Oil & Ga  | as Lease? Yes          | No                  |           |   |                     |                             |               |  |       |
| Depth and Type:   | n Hole at              | Tools in Hole at    | Cas       | sing Leaks:   | Yes No Depth        | n of casing leak(s):        |               |  |       |
| Type Completion: ALT.   |                        |                     |           |   |                     |                             |               |  |       |
|   |                        |                     |           |   |                     |                             |               |  |       |
| Packer Type:         Size:         Inch S           Total Depth:         Plug Back Depth:         F |                        |                     |           |   |                     |                             |               |  |       |
| Total Depth:  | Plug Bac               | :k Depth:           | 1         | Plug Back Metr                                      | nod:                |                             |               |  |       |
| Geological Date:  |                        |                     |           |   |                     |                             |               |  |       |
| Formation Name  | Formation <sup>1</sup> | Top Formation Base  |           |   | Completion          | n Information               |               |  |       |
| 1   | At:                    | to Feet             | Perfor    | ration Interval                                     | to Fe               | eet or Open Hole Interval_  | toFeet        |  |       |
| 2   | At:                    | to Feet             | Perfo     | ration Interval                                     | tο Fε               | eet or Open Hole Interval - | toFeet        |  |       |
| LINDED DENALTY OF DED   | IIIDV I UEDEDV ATTE    | OT THAT THE INCODMA | ATION COI | NTAINED HEI   | DEIN IS TOLIE AND C | ODDECTTO THE DEST OF        | MV KNOW! EDGE |  |       |
|   |                        | Submitt             | ed Ele    | ctronical   | ly                  |                             |               |  |       |
|   |                        |                     |           |   |                     |                             |               |  |       |
|   |                        |                     |           |   |                     |                             |               |  |       |

## Submitted

| 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:

| Notice State Case case the talk case from the case of | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|---|--|--------------------|
| No.   | 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 |
| Since there were first out to the total time to the time time time time time time time tim  | 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

#### 08/12/2024

Randy Trimble Trimble & Maclaskey Oil LLC 110 SOUTH ST PO BOX 171 GRIDLEY, KS 66852-0171

Re: Temporary Abandonment API 15-207-19362-00-01 HEADLEY A 8 SW/4 Sec.29-23S-14E Woodson County, Kansas

# Dear Randy Trimble:

"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,

Ryan Tromsness ECRS"