Form must be Typed

### TEMPORARY ABANDON

OPERATOR: License# \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Field Contact Person Phone: ( \_\_\_\_\_ ) \_\_\_\_

Casing Fluid Level from Surface:\_\_\_\_\_

Do you have a valid Oil & Gas Lease? Yes No

Conductor

Casing Squeeze(s): \_\_\_\_\_ to \_\_\_\_ w / \_\_\_\_ sacks of cement,

Depth and Type: 

Junk in Hole at \_\_\_\_\_ Tools in Hole at \_\_\_\_\_ (depth) Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth)

\_\_\_ Size: \_\_\_

\_\_ Plug Back Depth: \_\_\_

Formation Top Formation Base \_\_\_\_ At: \_\_\_\_ to \_\_\_\_ Feet

Surface

Name: \_\_ Address 1: Address 2: \_\_\_

Size

Setting Depth Amount of Cement Top of Cement **Bottom of Cement** 

Packer Type: \_\_\_

Total Depth: \_\_\_

Geological Date: Formation Name

Contact Person: \_\_\_\_ Phone:( \_\_\_\_\_ ) \_\_

Field Contact Person: \_\_\_

| ABANI       | DONMENT W            | ELL APPLICA                                   | TION A                 | Form must be signed  All blanks must be complete |  |  |  |  |  |
|-------------|----------------------|---|------------------------|--|--|--|--|--|--|
|             | ADING 45             |   |                        |  |  |  |  |  |  |
|             |                      | ·   |                        |  |  |  |  |  |  |
|             | l '                  | ription:<br>Sec                               |                        | R □ E □ W  |  |  |  |  |  |
|             |                      |   |                        |  |  |  |  |  |  |
| +           |                      |   | _                      | _  |  |  |  |  |  |
| ·           | GPS Local            | GPS Location: Lat:, Long:                     |                        |  |  |  |  |  |  |
|             |                      | Datum:  |                        |  |  |  |  |  |  |
|             | '                    |   |                        | #:   |  |  |  |  |  |
|             | Well Type:           | Well Type: (check one)  Oil Gas OG WSW Other: |                        |  |  |  |  |  |  |
|             | SWD P                | ermit #:                                      | ENHR Perm              | it #:  |  |  |  |  |  |
|             |                      | Gas Storage Permit #:                         |                        |  |  |  |  |  |  |
|             | Spud Date:           | Spud Date: Date Shut-In:                      |                        |  |  |  |  |  |  |
| ice         | Production           | Intermediate                                  | Liner                  | Tubing   |  |  |  |  |  |
|             |                      |   |                        |  |  |  |  |  |  |
|             |                      |   |                        |  |  |  |  |  |  |
|             |                      |   |                        |  |  |  |  |  |  |
|             |                      |   |                        |  |  |  |  |  |  |
|             |                      |   |                        |  |  |  |  |  |  |
| _ How Det   | termined?            |   | Da                     | ate:   |  |  |  |  |  |
| sacks of ce | ment, to             | (bottom) W /                                  | sacks of cement. D     | ate:   |  |  |  |  |  |
|             | (iop)                | (conom)                                       |                        |  |  |  |  |  |  |
| lo at       | Casing Looks:        | Yes No Depth o                                | f casing look(s):      |  |  |  |  |  |  |
| (depti      | h)                   |   |                        |  |  |  |  |  |  |
|             |                      |   | llar: w / _<br>(depth) | sack of cemen                                    |  |  |  |  |  |
|             | Inch Set at:         | Feet  |                        |  |  |  |  |  |  |
|             | Plug Back Meth       | nod:  |                        |  |  |  |  |  |  |
|             |                      |   |                        |  |  |  |  |  |  |
| on Base     |                      | Completion I                                  | nformation             |  |  |  |  |  |  |
| Feet        | Perforation Interval | ·   |                        | to Feet  |  |  |  |  |  |
|             |                      |   | or Open Hole Interval  |  |  |  |  |  |  |
| Feet        |                      |   |                        |  |  |  |  |  |  |

### Submitted El

| 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 D                        | Denied Date: |           |               |                |                           |

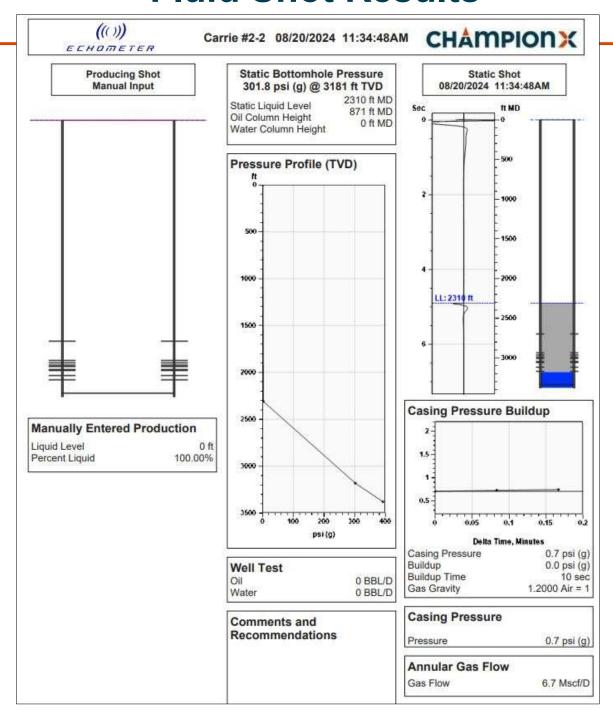
### Mail to the Appropriate KCC Conservation Office:



## **Carrie #2-2**

# Fluid Shot Results







Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-261-6250 http://kcc.ks.gov/

Laura Kelly, Governor

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

### 08/22/2024

Shannon Sheffield IA Operating, Inc. 785 W. COVELL ROAD, SUITE 200 EDMOND, OK 73003-2389

Re: Temporary Abandonment API 15-051-25251-00-00 CARRIE UNIT 2-2 NW/4 Sec.02-12S-16W Ellis County, Kansas

### Dear Shannon Sheffield:

"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 08/22/2025.

- \* 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 08/22/2025.

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

Very truly yours,

**RICHARD WILLIAMS"**