Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Form must be Typed

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____

Address 1:

Address 2:

Size

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

Packer Type: ___

Total Depth: ___

Geological Date: **Formation Name**

Casing Fluid Level from Surface: ____

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

Contact Person: ___

Phone:(_____) ___

Contact Person Email: ___

Field Contact Person: ____

Field Contact Person Phone: (_____) ____

Conductor

__ Size: ___

Plug Back Depth: ___

Formation Top Formation Base

Surface

Form must be signed All blanks must be complete API No. 15-Spot Description: ___ _ - ___ - ___ Sec. ____ Twp. ____ S. R. ___ 🗌 E 🦳 W _____ feet from N / S Line of Section _____ feet from E / W Line of Section ______ State: _____ Zip: _____ + __ _ _ _ _ Datum: NAD27 NAD83 WGS84 ____ GL KB _____ Elevation:____ Lease Name: ___ Well Type: (check one) Oil Gas OG WSW Other: Gas Storage Permit #:____ Spud Date: ___ ___ Date Shut-In: __ Tubing Production Intermediate Liner ___ How Determined? ____ Casing Squeeze(s): _____ to ____ w / ____ sacks of cement, ____ to ____ w / ____ sacks of cement. Date: ___ Depth and Type:

Junk in Hole at ______ Tools in Hole at _____ Casing Leaks:
Yes No Depth of casing leak(s): _____

Type Completion:
ALT. I Depth of:
DV Tool: _____ w / ____ sacks of cement
Port Collar: ____ w / ____ sack of cement __ Inch Set at: ___ ___ Plug Back Method: ___ Completion Information At: ______ to _____ Feet Perforation Interval ____ ____to_____ Feet or Open Hole Interval _____ to _____ Feet

Submitted Electronically

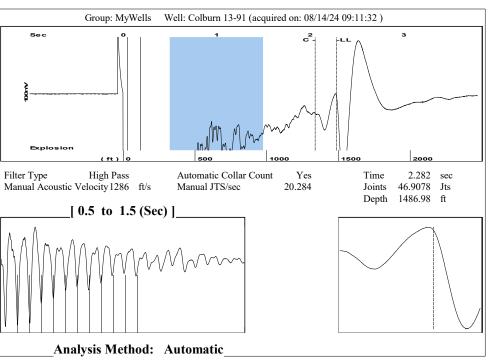
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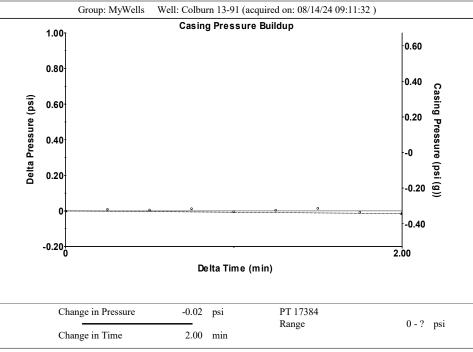
| Do NOT Write in This Space - KCC USE ONLY | Date Tested: | Results: | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|---|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by: | | Comments: | | | |
| TA Approved: Yes C | Denied Date: | | | | |

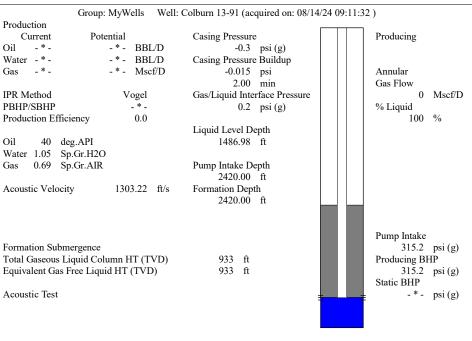
At: ______ to _____ Feet Perforation Interval _____ to ____ Feet or Open Hole Interval ____

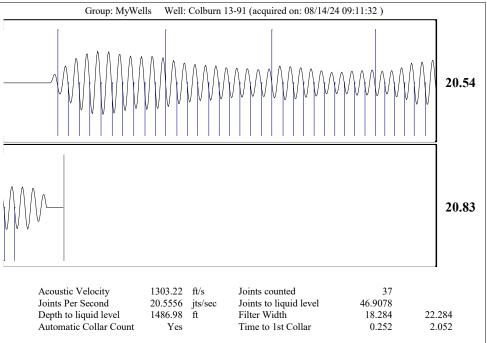
Mail to the Appropriate KCC Conservation Office:











Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

Laura Kelly, Governor

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

08/27/2024

MELODY FLETCHER Oil Producers, Inc. of Kansas 1710 WATERFRONT PKWY WICHITA, KS 67206-6603

Re: Temporary Abandonment API 15-175-20328-00-01 COLBURN 13-91 SW/4 Sec.17-33S-32W Seward County, Kansas

Dear MELODY FLETCHER:

"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 08/27/2025.

- * 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 08/27/2025.

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

Very truly yours,

Michael Maier"