July 2017 Form must be Typed

### **TEMPORARY ABANDONI**

|   | TEMP                  | ORARY A      | ABAND      | ONM                    | IENT WI                          | ELL APPL       | LICAT       | ON All                      | Form must be    |           |
|---|-----------------------|--------------|------------|------------------------|----------------------------------|----------------|-------------|-----------------------------|-----------------|-----------|
| OPERATOR: License#                          |                       |              |            |                        | API No. 15                       |                |             |                             |                 |           |
| Name:                                       |                       |              |            |                        | Spot Descri                      | ption:         |             |                             |                 |           |
| Address 1:                                  |                       |              |            |                        |                                  |                |             |                             |                 |           |
| Address 2:                                  |                       |              |            |                        |                                  |                |             | feet from N /               |                 |           |
| City:                                       |                       |              |            |                        | feet from E /W Line of Section   |                |             |                             |                 |           |
| Contact Person:                             |                       |              |            |                        | GPS Location: Lat:, Long:, Long: |                |             |                             |                 |           |
| Phone:( )                                   |                       |              |            |                        | County: Elevation: GL KB         |                |             |                             |                 |           |
| Contact Person Email:                       |                       |              |            |                        | Lease Name                       | e:             |             | Well #:                     |                 |           |
| Field Contact Person:                       |                       |              |            |                        |                                  |                |             | og wsw o                    |                 |           |
| Field Contact Person Phon                   | e:()                  |              |            |                        | Gas Sto                          | rage Permit #: |             | _ ENHR Permit Date Shut-In: |                 |           |
|   | Conductor             | Surfa        | ce         | Pro                    | duction                          | Intermediat    | te          | Liner                       | Tubing          |           |
| Size  |                       |              |            |                        |                                  |                |             |                             |                 |           |
| Setting Depth                               |                       |              |            |                        |                                  |                |             |                             |                 |           |
| Amount of Cement                            |                       |              |            |                        |                                  |                |             |                             |                 |           |
| Top of Cement                               |                       |              |            |                        |                                  |                |             |                             |                 |           |
| Bottom of Cement                            |                       |              |            |                        |                                  |                |             |                             |                 |           |
| Casing Fluid Level from Su                  | rface:                |              | _ How Dete | ermined?               |                                  |                |             | Date                        | e:              |           |
| Casing Squeeze(s):                          |                       |              |            |                        |                                  |                |             |                             |                 |           |
| Do you have a valid Oil & G                 | Sas Lease? Yes        | No           |            |                        |                                  |                |             |                             |                 |           |
| Depth and Type:                             | in Hole at            | Tools in Hol | e at       | Cas                    | sing Leaks:                      | Yes No [       | Depth of ca | sing leak(s):               |                 |           |
| Type Completion: ALT                        |                       |              |            |                        |                                  |                |             |                             |                 | of cement |
| Packer Type:                                |                       |              |            |                        |                                  |                |             | (depti)                     |                 |           |
| Total Depth:                                | Plug Ba               | ack Depth:   |            | F                      | Plug Back Metho                  | od:            |             | -                           |                 |           |
| Geological Date:                            |                       |              |            |                        |                                  |                |             |                             |                 |           |
| Formation Name Formation Top Formation Base |                       |              |            | Completion Information |                                  |                |             |                             |                 |           |
| 1   | At:                   | to           | Feet       | Perfo                  | ation Interval _                 | to             | _ Feet or   | Open Hole Interval_         | to              | Feet      |
| 2   | At:                   | to           | Feet       | Perfo                  | ation Interval -                 | to             | Feet or     | Open Hole Interval _        | to              | Feet      |
| LINDED DENALTY OF BEI                       | O IIIDV I LIEDEDV ATT |              |            |                        | ctronically                      |                | ID COBBE    | OT TO THE BEST OF           | BAV IZBIONAJI E | :DCE      |

# Submitted Ele

| 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: |           |               |                |                           |

#### Mail to the Appropriate KCC Conservation Office:

| KCC District Office #1 - 210 E. I | Frontview, Suite A, Dodge City, KS 67801 Phone 620.68                | 32.7933 |
|-----------------------------------|--|---------|
| KCC District Office #2 - 3450 N   | . Rock Road, Building 600, Suite 601, Wichita, KS 67226 Phone 316.33 | 37.7400 |
| KCC District Office #3 - 137 E.   | 21st St., Chanute, KS 66720 Phone 620.90                             | )2.6450 |
| KCC District Office #4 - 2301 E.  | 13th Street, Hays, KS 67601-2651 Phone 785.26                        | 61.6250 |

Conservation Division District Office No. 3 137 E. 21st Street Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

Laura Kelly, Governor

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

#### 10/03/2024

Roscoe G. Jackson II Jackson Brothers, L.L.C. 116 E 3RD ST EUREKA, KS 67045-1747

Re: Temporary Abandonment API 15-073-01456-00-00 GECHTER 3 SW/4 Sec.36-25S-10E Greenwood County, Kansas

## Dear Roscoe G. Jackson II:

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 11/02/2024.

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, Thad Triboulet ECRS KCC DISTRICT 3