## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be signed

All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

Name:Address 1:Address 2:Stat City:Stat Contact Person:Stat Phone: ( ) Contact Person Email: Field Contact Person: Field Contact Person Phone: ( ) Conduct SizeStat Setting Depth	te: Zip:	+		GPS Location	on: Lat:	c g. xx. xxxxx) D83	Twp feet from , Long: . GS84 on: OG WS ENHF	□ N / □ E / - Well #: SW □ O R Permit	S W (e.gxx) :	Line of S Line of S (.xxxx)	ection
Address 2: Stat City: Stat Contact Person: Phone: ( ) Contact Person Email: Field Contact Person Phone: ( ) Field Contact Person Phone: ( ) Size Setting Depth	te: Zip:	+		GPS Location Datum: County: Lease Name Well Type: (i SWD Pet Gas Sto Spud Date: .	on: Lat: NAD27	g. xx.xxxxx) D83	feet from feet from , Long: .  GS84 on: _ _ OGWS  _ Date Shut-I	□ N / □ E / - Well #: SW □ O R Permit	S W (e.gxx) :	Line of So Line of So (.xxxx)	ection ection
City: Stat Contact Person: Phone:( ) Contact Person Email: Field Contact Person Phone: ( ) Field Contact Person Phone: ( ) Conduct Size Setting Depth				GPS Location Datum: Lease Name Well Type: (i SWD Per Gas Sto Spud Date:	on: Lat: NAD27	<i>g. xx.xxxxx</i> ) D83	feet from , Long: . GS84 on: OG WS ENHF  . Date Shut-I	☐ E / Well #: SW ☐ O R Permit	(e.gxx) (e.gxx)	Line of So (	KB
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Field Contact Person Phone: ( ) Conduc Size Setting Depth				Gas Sto Spud Date:	rage Permit #:		Date Shut-I				
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Setting Depth										0	i
Amount of Comont											
Amount of Cement											
Top of Cement											
Bottom of Cement											
Casing Fluid Level from Surface:		How Det	orminod?					Dat	۵.		
0											
Casing Squeeze(s): to to	tom)	38003 01 001	iieiii,	(top) 10	(bottom)	·	Sacks of Cerri	ient. Dat			
Do you have a valid Oil & Gas Lease? [	Yes No										
Depth and Type: Unk in Hole at	Tools in	Hole at	Cas	sing Leaks:	Yes No I	Depth of ca	sing leak(s):				
Type Completion: ALT. I ALT. II							(depth)	,			
Packer Type:	Size:		Inch 3	Set at:		_ Feet					
Total Depth:	_ Plug Back Depth: _		F	Plug Back Metho	od:						
Geological Date:											
Formation Name	Formation Top Form	nation Base			Comp	letion Inform	mation				
1 A	.t: to	Feet	Perfor	ation Interval _	to	Feet or	Open Hole I	nterval_		to	_ Feet
2 A	to	Feet	Perfor	ation Interval -	to	Feet or	Open Hole I	nterval _		to	_Feet

# 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 De	enied Date:				

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

	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.682.7933	
	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	
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.261.6250	

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

## 10/17/2024

M. A. Williams Williams, M. A. PO BOX 632043 HOUSTON, TX 77263-2043

Re: Temporary Abandonment API 15-055-21664-00-00 BROOKOVER 1-34 SW/4 Sec.34-23S-33W Finney County, Kansas

Dear M. A. Williams:

"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 10/17/2025.

\* 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 10/17/2025.

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

Very truly yours,

Michael Maier"