

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone:(_____) _____
Contact Person Email: _____
Field Contact Person: _____
Field Contact Person Phone: (_____) _____

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
GPS Location: Lat: _____, Long: _____
Datum: NAD27 NAD83 WGS84
County: _____ Elevation: _____ GL KB
Lease Name: _____ Well #: _____
Well Type: (check one) Oil Gas OG WSW Other: _____
SWD Permit #: _____ ENHR Permit #: _____
Gas Storage Permit #: _____
Spud Date: _____ Date Shut-In: _____

Table with 7 columns: Conductor, Surface, Production, Intermediate, Liner, Tubing. Rows include Size, Setting Depth, Amount of Cement, Top of Cement, Bottom of Cement.

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____
Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
Do you have a valid Oil & Gas Lease? Yes No
Depth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
Packer Type: _____ Size: _____ Inch Set at: _____ Feet
Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Table with 4 columns: Formation Name, Formation Top, Formation Base, Completion Information. Rows 1 and 2.

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

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 Denied Date: _____

Mail to the Appropriate KCC Conservation Office:

Table with 3 columns: District Office, Address, Phone. Rows 1-4.

334

ECHOMETER COMPANY PHONE-940-767-4334

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ECHOMETER MODEL M V3, O, 2

SERIAL NO: 67119

ECHOMETER COMPANY

5001 DITTO LANE

WICHITA FALLS, TEXAS 76302

PHONE 940 - 767 - 4334

FAX 940 - 723 - 7507

E-MAIL INFO@ECHOMETER.COM

POWER ON

SELF TEST

PASS

TURN ON

CHART DRIVE

TO TEST

WELL

WELL *5* *AV* #1

CRASING PRESSURE

AP

ΔT

PRODUCTION RATE

JOINTS TO LI

DISTANCE TO

P8HP

SBHP

PROD RATE EF

MAX PRODUCTI

BATTERY 12.8 VOLTS

JNE-940-7-4334

ECHOMETER COMPANY PHONE-940-767-4334

ECHOMETER COMPANY PHONE-940-767-4334

ECHOMETER COMPANY PHONE-940

JOINTS TO LIQUID... 150 JTS

DISTANCE TO LIQUID.....

PBHP

SBHP

PROD RATE EFF, %

MAX PRODUCTION

10/25/2024 15:51:16

QUIET WELL

LOWER COLLARS R: 9.4

P-P 0.042 mV

GENERATE

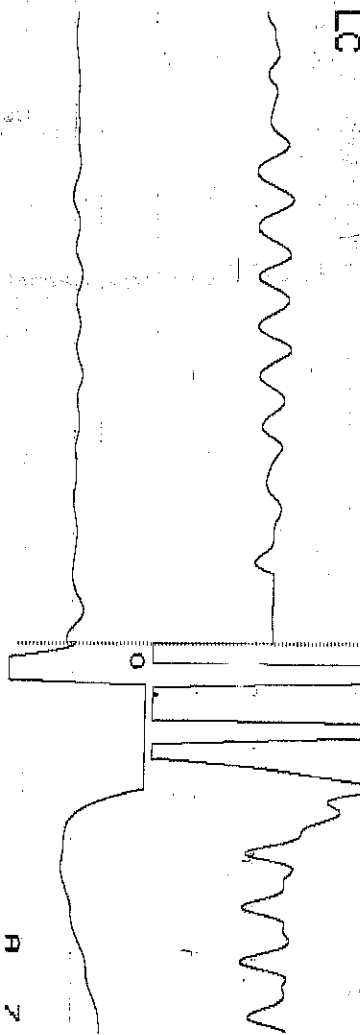
PULSE

LIQUID LEVEL R: 7.2

P-P 0.044 mV

12.7

VOLTS



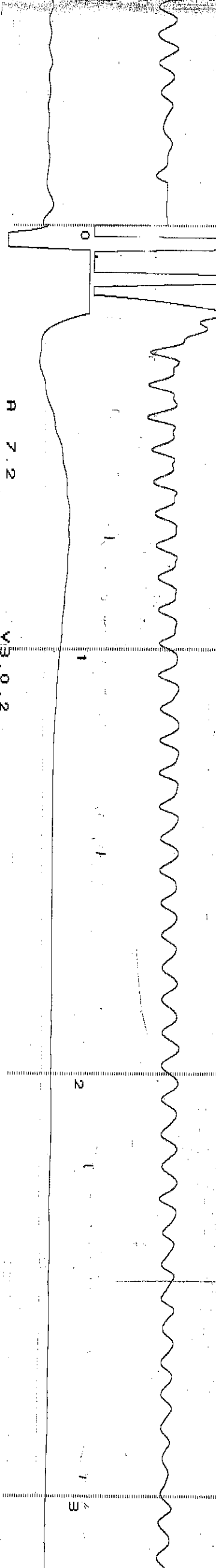
R 2

4334

ECHOMETER COMPANY PHONE-940-767-4334

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11/06/2024

Slawson Exploration
Slawson Exploration Company, Inc.
204 N ROBINSON AVE STE 2300
OKLAHOMA CITY, OK 73102-6891

Re: Temporary Abandonment
API 15-193-20756-00-00
JAMES AY 1
SE/4 Sec.23-10S-34W
Thomas County, Kansas

Dear Slawson Exploration:

"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 11/06/2025.

- * 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 11/06/2025.

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

Very truly yours,

RICHARD WILLIAMS"