

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: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 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: _____

	Conductor	Surface	Production	Intermediate	Liner	Tubing
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: _____
(top) (bottom) (top) (bottom)
 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): _____
(depth) (depth)
 Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)
 Packer Type: _____ Size: _____ Inch Set at: _____ Feet
 Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

Formation Name	Formation Top	Formation Base	Completion Information
1. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet
2. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

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: <input type="checkbox"/> Yes <input type="checkbox"/> Denied 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

Casing Integrity Test

Operator License 35408
Operator Name Calvin Noah, LLC
Address Valley Center 329 N Birch Ave
City, State, Zip Valley Center, KS 67847
Contact Person Mitt Noah Phone 316-755-1032

Lease SPOUSE Well # 2 API # 15-049-19008-00-01
County EIK Section 25 Twp 31 Rge 10 (EAW)
3346 FSL 4409 FEL

GPS Lat _____ GPS Long _____
TD (Plug Back) _____

	Surface	Production	Tubing
Pipe	<u>7"</u>	<u>4 1/2"</u>	_____
Set	_____	_____	_____
Cement	_____	_____	_____
TD	Production formation/perf/ open hole _____		
Fluid level	<u>270</u>		
Tubing and Packer	_____	Fluid Depression	<u>X</u>
Zone between	<u>1538'</u>	and	<u>0'</u> tested.
Start	<u>20</u> Min.	<u>40</u> Min.	<u>60</u>
Pressure	<u>530</u>	<u>530</u>	<u>530</u>

Tested by R. J. Bern P.O. Supply
Signature [Signature] Title agent

Test Date 11-22-2019
Satisfactory X Failed _____

KCC agent _____ Title _____

Witness Y/N _____

Remarks: FL 270 1538-30=1488-270=1218x.43=523.74

Computer update _____

11/19/2024

KITT NOAH
Calvin Noah, LLC
329 N. BIRCH AVE
VALLEY CENTER, KS 67147-2548

Re: Temporary Abandonment
API 15-049-19008-00-01
SPEASE E O 2
NW/4 Sec.25-31S-10E
Elk County, Kansas

Dear KITT NOAH:

"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 11/19/2025.

- * 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 11/19/2025.

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

Very truly yours,

Thad Triboulet ECRS"