## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                 |                              |               |               | API No. 15-            | API No. 15   |                            |            |      |  |  |
|------------------------------------|------------------------------|---------------|---------------|------------------------|--|----------------------------|------------|------|--|--|
|                                    |                              |               |               | _ Spot Descri          |  |                            |            |      |  |  |
|                                    |                              |               |               | _                      |  |                            |            |      |  |  |
|                                    |                              |               |               | _                      |  |                            |            |      |  |  |
| City:                              | State:                       | Zip:          | _ +           |                        | feet from E / W Line of Section                                    |                            |            |      |  |  |
| Contact Person:                    |                              |               |               | GF 5 LUCali            | GPS Location: Lat:, Long:, e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84  |                            |            |      |  |  |
|                                    |                              |               |               |                        | Datum:         NAD27         NAD83         WGS84           County: |                            |            |      |  |  |
|                                    |                              |               |               |                        |  |                            |            |      |  |  |
| Field Contact Person:              |                              |               |               | Well Type: (           | check one) 🗌 (   | Dil 🗌 Gas 🗌 OG 🗌 WSW 🗌 Oth | er:        |      |  |  |
| Field Contact Person Phon          |                              |               |               |                        |  | ENHR Permit #:             |            |      |  |  |
|                                    | ()                           |               |               |                        | 0  |                            |            |      |  |  |
|                                    |                              |               |               | Spud Date:             |  | Date Shut-In:              |            |      |  |  |
|                                    | Conductor                    | Surface       | 9             | Production             | Intermedia   | ate Liner                  | Tubing     |      |  |  |
| Size                               |                              |               |               |                        |  |                            |            |      |  |  |
| Setting Depth                      |                              |               |               |                        |  |                            |            |      |  |  |
| Amount of Cement                   |                              |               |               |                        |  |                            |            |      |  |  |
| Top of Cement                      |                              |               |               |                        |  |                            |            |      |  |  |
| Bottom of Cement                   |                              |               |               |                        |  |                            |            |      |  |  |
| Casing Fluid Level from Su         | rface:                       |               | How Determine | ed?                    |  | Date:                      |            |      |  |  |
| 0                                  |                              |               |               |                        |  | sacks of cement. Date:     |            |      |  |  |
| Do you have a valid Oil & O        | as Lease? 🗌 Yes              | No            |               |                        |  |                            |            |      |  |  |
| Depth and Type: Junk               | in Hole at                   | Tools in Hole | at            | Casing Leaks:          | Yes No   | Depth of casing leak(s):   |            |      |  |  |
|                                    |                              |               |               |                        |  |                            |            |      |  |  |
|                                    |                              |               |               |                        |  | Port Collar: w /           | 3ack of ce | mem  |  |  |
| Packer Type:                       | Size: .                      |               | In            | ch Set at:             |  | _ Feet                     |            |      |  |  |
| Total Depth:                       | Plug B                       | ack Depth:    |               | Plug Back Mether       | od:  |                            |            |      |  |  |
|                                    |                              |               |               |                        |  |                            |            |      |  |  |
| Geological Date:                   | Formation Top Formation Base |               |               | Completion Information |  |                            |            |      |  |  |
|                                    | Formatio                     |               |               |                        |  |                            |            |      |  |  |
| Geological Date: Formation Name 1. |                              |               | Feet Pe       | erforation Interval    | to   | Feet or Open Hole Interval | to         | Feet |  |  |

## Submitted Electronically

| Do NOT Write in This<br>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:

| $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | 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. 3 137 E. 21st Street Chanute, KS 66720



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

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

12/18/2024

DEB BALLARD Colt Energy Inc PO BOX 388 IOLA, KS 66749-0388

Re: Temporary Abandonment API 15-001-26174-00-00 PALMER 19 SE/4 Sec.13-25S-19E Allen County, Kansas

Dear DEB BALLARD:

"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 12/18/2025.

\* 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 12/18/2025.

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

Very truly yours,

Brad Bohrer ECRS"