

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form must be Typed

Form must be signed

All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# 36018

Name: Evolution Technology, LLC

Address 1: 213 W MASON STE B

Address 2: _____

City: ODESSA State: MO Zip: 64076 + 1262

Contact Person: joe

Phone: (816) 564-2814

Contact Person Email: _____

Field Contact Person: _____

Field Contact Person Phone: (_____) _____

API No. 15- 15-011-23453-00-01

Spot Description: SW SW SE Sec. 27 Twp. 23 S. R. 22 ☒ E ☐ W

619 feet from ☐ N / ☒ S Line of Section

2291 feet from ☒ E / ☐ W Line of Section

GPS Location: Lat: _____, Long: _____

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Bourbon Elevation: _____ ☐ GL ☐ KB

Lease Name: STEWART Well #: 15-27SWD

Well Type: (check one) ☐ Oil ☐ Gas ☐ OG ☐ WSW ☐ Other: _____

☒ SWD Permit #: D30824.0 ☐ ENHR Permit #: _____

☐ Gas Storage Permit #: _____

Spud Date: 12/08/2008 Date Shut-In: 09/01/2016

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	n/a	15.75	7.875	n/a	n/a	n/a
Setting Depth		44	1111			
Amount of Cement		41	195			
Top of Cement		0	0			
Bottom of Cement		44	1111			

Casing Fluid Level from Surface: 1100 How Determined? Weighted String Date: 02/10/2025

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 _____ (depth) ☐ Tools in Hole at _____ (depth) 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: 1114 Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Formation Name

Formation Top Formation Base

Completion Information

1. _____ At: _____ to _____ Feet Perforation Interval 1075 to 1100 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: Brad Bohrer ECRS Comments: shut-in date changed based on previous CP-111

TA Approved: ☒ Yes ☐ Denied Date: 03/05/2025

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

03/05/2025

joe
Evolution Technology, LLC
213 W MASON STE B
ODESSA, MO 64076-1262

Re: Temporary Abandonment
API 15-011-23453-00-01
STEWART 15-27SWD
SE/4 Sec.27-23S-22E
Bourbon County, Kansas

Dear joe:

"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 03/05/2026.

- * 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 03/05/2026.

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

Very truly yours,

Brad Bohrer ECRS"