

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# 35341

Name: River Rock Operating, LLC

Address 1: 211 N. ROBINSON SUITE 200

Address 2: _____

City: OKLAHOMA CITY State: OK Zip: 73102 + 7109

Contact Person: Brandon Donovan

Phone: (405) 606-7481

Contact Person Email: _____

Field Contact Person: _____

Field Contact Person Phone: (_____) _____

API No. 15- 15-133-27351-00-00

Spot Description: _____

_____ - NE NE Sec. 14 Twp. 28 S. R. 19 ☒ E ☐ W

660 feet from ☒ N / ☐ S Line of Section

660 feet from ☒ E / ☐ W Line of Section

GPS Location: Lat: _____, Long: _____

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Neosho Elevation: _____ ☐ GL ☐ KB

Lease Name: GEORGE, SHYREL A. Well #: 14-1

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

☐ SWD Permit #: _____ ☐ ENHR Permit #: _____

☐ Gas Storage Permit #: _____

Spud Date: 01/02/2008 Date Shut-In: 03/01/2019

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	NA	8.625	4.5	NA	NA	NA
Setting Depth		20	900			
Amount of Cement		5	150			
Top of Cement		0	0			
Bottom of Cement		20	90			

Casing Fluid Level from Surface: 615 How Determined? Fluid Shot Date: 03/26/2025

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: 900 Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Formation Name Formation Top Formation Base Completion Information

1. _____ At: _____ to _____ Feet Perforation Interval 400 to 811 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: <u>Keith Carswell ECRS</u> Comments: <u>shut-in date changed based on KGS production records</u>				
TA Approved: ☒ Yes ☐ Denied	Date: <u>03/28/2025</u>				

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

03/28/2025

Brandon Donovan
River Rock Operating, LLC
211 N. ROBINSON SUITE 200
OKLAHOMA CITY, OK 73102-7109

Re: Temporary Abandonment
API 15-133-27351-00-00
GEORGE, SHYREL A. 14-1
NE/4 Sec.14-28S-19E
Neosho County, Kansas

Dear Brandon Donovan:

"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 03/28/2026.

- * 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 03/28/2026.

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

Very truly yours,

Keith Carswell ECRS"