

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm must be Typed
Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

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 ☐ WGS84County: _____ 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: _____

Do you have a valid Oil & Gas Lease? ☐ Yes ☐ NoDepth 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 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: ☐ Yes ☐ 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

PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER EAGLE CREEK CORP.
WELL NAME DeMOSS 1-3
LOCATION 510'FNL & 710'FEL 3-34S-30W
COUNTY MEAD STATE KS

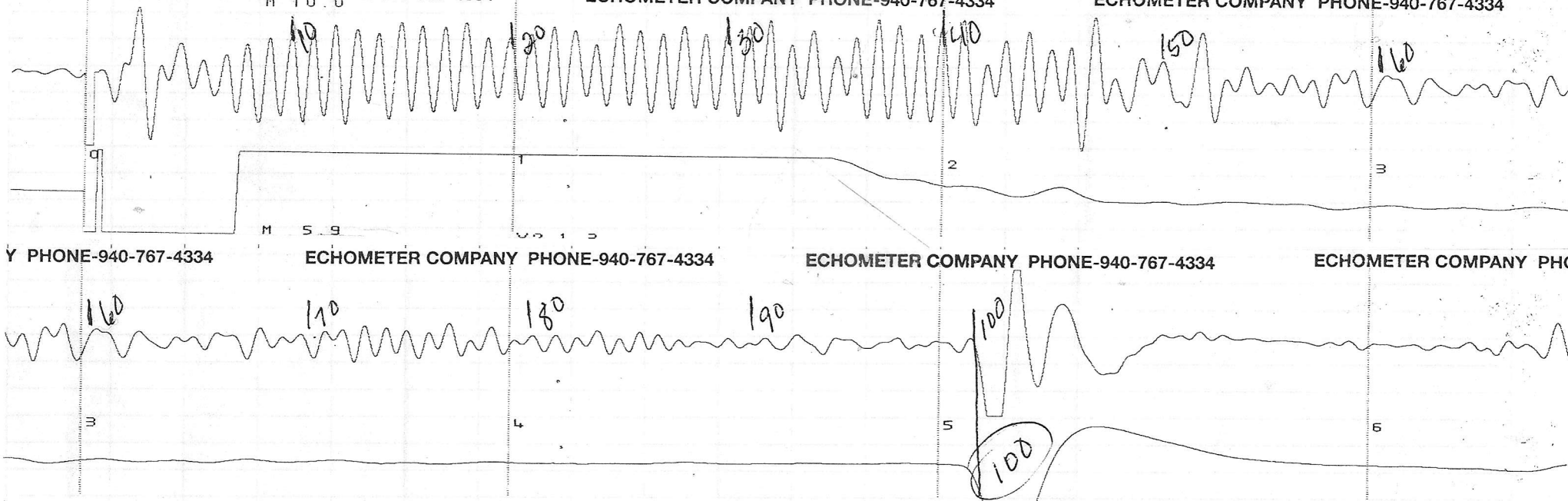
CSG WT SET @ TD PB GL
TBG WT SET @ SN PKR KB
PERFS TO TO TO TO
PROVER METER TAPS ORIFICE PCR TCR
GG API @ GM RESERVOIR

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE	INITIAL	SPEICAL	ENDING
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	TEST:	ANNUAL	RETEST	DATE
TUESDAY																	4-15-25
4-15-25														REMARKS PERTINENT TO TEST DATA QUALITY			
1400		1.2		PUMP OFF NO P/U										ASSUME AVERAGE JOINT LENGTH = 31.50'			
														CONDUCT LIQUID LEVEL DETERMINATION TEST			
														SHOT	JTS TO	DISTANCE	
														#	FLUID	TO FLUID	
														1	100.0	3150"	
														2	100.0	3150'	

ECHOMETER COMPANY PHONE-940-767-4334

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ECHOMETER COMPANY PHONE-940-767-4334



Y PHONE-940-767-4334

ECHOMETER COMPANY PHONE-940-767-4334

ECHOMETER COMPANY PHONE-940-767-4334

ECHOMETER COMPANY PHC

04/17/2025

Dave Callewaert
Eagle Creek Corporation
423 E FLINT HILLS NATIONAL CT
ANDOVER, KS 67002-8838

Re: Temporary Abandonment
API 15-119-20947-00-00
DEMOSS 1-3
NE/4 Sec.03-34S-30W
Meade County, Kansas

Dear Dave Callewaert:

"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 04/17/2026.

- * 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 04/17/2026.

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

Very truly yours,

Michael Maier"