

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# 36038

Name: Crawford County Production LLC

Address 1: PO BOX 304

Address 2: _____

City: PAOLA State: KS Zip: 66071 + 0304

Contact Person: Jason Town

Phone: (913) 594-2703

Contact Person Email: _____

Field Contact Person: _____

Field Contact Person Phone: (_____) _____

API No. 15- 15-121-27360-00-00

Spot Description: _____

SW NW NW Sec. 29 Twp. 17 S. R. 22 ☒ E ☐ W

4480 feet from ☐ N / ☒ S Line of Section

4800 feet from ☒ E / ☐ W Line of Section

GPS Location: Lat: _____, Long: _____

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Miami Elevation: _____ ☐ GL ☐ KB

Lease Name: HAYES Well #: D2

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

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

☐ Gas Storage Permit #: _____

Spud Date: 10/04/1994 Date Shut-In: 11/30/2016

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	NA	7	2.875	NA	NA	NA
Setting Depth		20	499			
Amount of Cement		5	83			
Top of Cement		0	0			
Bottom of Cement		20	510			

Casing Fluid Level from Surface: 0 How Determined? Visual Date: 04/11/2025

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: 510 Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Formation Name **Formation Top** **Formation Base** **Completion Information**

1. _____ At: _____ to _____ Feet Perforation Interval 444 to 455 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: _____					
TA Approved: ☒ Yes ☐ Denied Date: <u>04/17/2025</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

04/17/2025

Jason Town
Crawford County Production LLC
PO BOX 304
PAOLA, KS 66071-0304

Re: Temporary Abandonment
API 15-121-27360-00-00
HAYES D2
NW/4 Sec.29-17S-22E
Miami County, Kansas

Dear Jason Town:

"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,

Keith Carswell ECRS"