

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# 34243

Name: King, Charles dba CK Oil

Address 1: 409 E. WILSON ST

Address 2: _____

City: YATES CENTER State: KS Zip: 66783 + 1575

Contact Person: Charlie King

Phone: (620) 496-4694

Contact Person Email: _____

Field Contact Person: _____

Field Contact Person Phone: (_____) _____

API No. 15- 15-205-19854-00-00

Spot Description: NE NW NW NW Sec. 2 Twp. 27 S. R. 16 ☒ E ☐ W

165 feet from ☒ N / ☐ S Line of Section

463 feet from ☐ E / ☒ W Line of Section

GPS Location: Lat: _____, Long: _____

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Wilson Elevation: _____ ☐ GL ☐ KB

Lease Name: OFFENBACKER Well #: 11

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

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

☐ Gas Storage Permit #: _____

Spud Date: _____ Date Shut-In: 08/30/2016

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	na	7	2	na	na	na
Setting Depth		20	930			
Amount of Cement		6	90			
Top of Cement		0	0			
Bottom of Cement		20	930			

Casing Fluid Level from Surface: 500 How Determined? Weighted Line Date: 06/18/2025

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: 950 Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Formation Name	Formation Top	Formation Base	Completion Information
1. _____	At: _____ to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval <u>930</u> to <u>950</u> 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>06/26/2025</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

06/26/2025

Charlie King
King, Charles dba CK Oil
409 E. WILSON ST
YATES CENTER, KS 66783-1575

Re: Temporary Abandonment
API 15-205-19854-00-00
OFFENBACKER 11
NW/4 Sec.02-27S-16E
Wilson County, Kansas

Dear Charlie King:

"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 06/26/2026.

- * 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 06/26/2026.

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

Very truly yours,

Keith Carswell ECRS"