

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION**

**TEMPORARY ABANDONMENT WELL APPLICATION**

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: \_\_\_\_\_ (e.g. xx.xxxxxx) Long: \_\_\_\_\_ (e.g. -xxx.xxxxx)

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):  (top) to  (bottom) w / \_\_\_\_\_ sacks of cement,  (top) to  (bottom) 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 Date:**

| 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

|   |                    |                |                     |                      |                                 |
|---|--------------------|----------------|---------------------|----------------------|---------------------------------|
| <b>Do NOT Write in This Space - KCC USE ONLY</b>                          | Date Tested: _____ | Results: _____ | Date Plugged: _____ | Date Repaired: _____ | Date Put Back in Service: _____ |
| Review Completed by: _____  | Comments: _____    |                |                     |                      |                                 |
| TA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> Denied | Date: _____        |                |                     |                      |                                 |

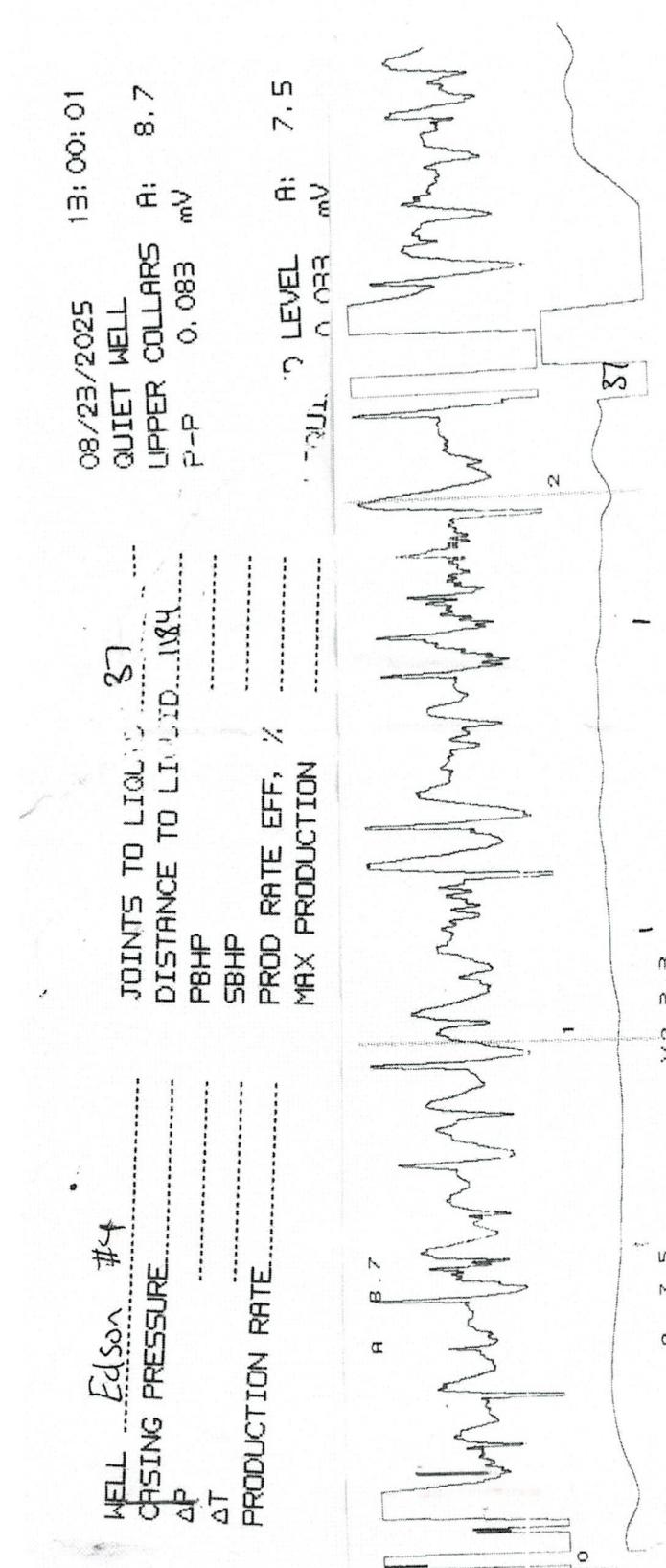
Mail to the Appropriate KCC Conservation Office:

|  |  |                    |
|--|--|--------------------|
|  | 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 |

WELL Edson #4

JOINTS TO 1000

13:00, 5/1  
08/23/2025  
QUIET WELL



Conservation Division  
District Office No. 2  
3450 N. Rock Road  
Building 600, Suite 601  
Wichita, KS 67226



Phone: 316-337-7400  
<http://kcc.ks.gov/>

Andrew J. French, Chairperson  
Dwight D. Keen, Commissioner  
Annie Kuether, Commissioner

Laura Kelly, Governor

09/24/2025

Tyrel Phillips  
Phillips, Tyrel dba P3 Production  
2485 SE US HWY 54  
EL DORADO, KS 67042-8232

Re: Temporary Abandonment  
API 15-173-01906-00-00  
EDSON 4  
SE/4 Sec.01-26S-02E  
Sedgwick County, Kansas

Dear Tyrel Phillips:

"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 09/24/2026.

- \* 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 09/24/2026.

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

Very truly yours,

Dan Fox"