

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# 6279

Name: Patrick Development Corporation

Address 1: 3408 W 93 RD

Address 2: _____

City: LEAWOOD State: KS Zip: 66206 + 2005

Contact Person: kerry patrick

Phone: (913) 375-8368

Contact Person Email: _____

Field Contact Person: _____

Field Contact Person Phone: (_____) _____

API No. 15- 15-207-24644-00-00

Spot Description: SW NW SW NW Sec. 17 Twp. 26 S. R. 17 ☒ E ☐ W

3562 feet from ☐ N / ☒ S Line of Section

5082 feet from ☒ E / ☐ W Line of Section

GPS Location: Lat: _____, Long: _____

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Woodson Elevation: _____ ☐ GL ☐ KB

Lease Name: Bodley Well #: PRINGLE 8

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

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

☐ Gas Storage Permit #: _____

Spud Date: _____ Date Shut-In: 04/22/2015

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	na	7	2.875	na	na	na
Setting Depth		20	850			
Amount of Cement		5	110			
Top of Cement		0	0			
Bottom of Cement		20	850			

Casing Fluid Level from Surface: 820 How Determined? wireline Date: 05/06/2019

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: 850 Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

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

1. _____ At: _____ to _____ Feet Perforation Interval 824 to 828 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: Ryan Duling ECRS Comments: _____

TA Approved: ☐ Yes ☒ Denied Date: 11/18/2025

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

11/18/2025

kerry patrick
Patrick Development Corporation
3408 W 93 RD
LEAWOOD, KS 66206-2005

Re: Temporary Abandonment
API 15-207-24644-00-00
Bodley PRINGLE 8
NW/4 Sec.17-26S-17E
Woodson County, Kansas

Dear kerry patrick:

Your application for Temporary Abandonment (TA) for the above-listed well is denied for the following reasons(s):

well is plugged/operator inactive

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by 12/18/2025.

This deadline does NOT override any compliance deadline given to you in any Commission Order.

You may contact me if you have any questions.

Sincerely,
Ryan Duling ECRS
KCC DISTRICT 3