

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# 3882

Name: Samuel Gary Jr. & Associates, Inc.

Address 1: 1515 WYNKOOP, STE 700

Address 2: _____

City: DENVER State: CO Zip: 80202 + 2062

Contact Person: STEPHANIE DECKER

Phone: (303) 831-4673

Contact Person Email: _____

Field Contact Person: _____

Field Contact Person Phone: (_____) _____

API No. 15- 15-081-21132-00-01

Spot Description: N2 SW NW SW Sec. 16 Twp. 29 S. R. 34 ☐ E ☒ W
1900 feet from ☐ N / ☒ S Line of Section
330 feet from ☐ E / ☒ W Line of Section

GPS Location: Lat: _____, Long: _____
 (e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Haskell Elevation: _____ ☐ GL ☐ KB

Lease Name: OWENS A Well #: 7

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

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

☐ Gas Storage Permit #: _____

Spud Date: 06/29/1999 Date Shut-In: 12/21/2023

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	NA	8.625	5.5	NA	NA	2.375
Setting Depth		1820	5601			5405
Amount of Cement		430	185			NA
Top of Cement		0	3110			NA
Bottom of Cement		430	5601			NA

Casing Fluid Level from Surface: 4192 How Determined? ECHOMETER Date: 01/14/2026

Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
 (top) (bottom) (top) (bottom)

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: 2996 w / 60 sacks of cement ☐ Port Collar: _____ w / _____ sack of cement
 (depth) (depth)

Packer Type: _____ Size: _____ Inch Set at: _____ Feet

Total Depth: 5745 Plug Back Depth: 5440 Plug Back Method: CIBP

Geological Date:

Formation Name	Formation Top	Formation Base	Completion Information
1. <u>PAWNEE</u>	At: _____ to _____ Feet	Perforation Interval <u>4822</u> to <u>4827</u> Feet or Open Hole Interval _____ to _____ Feet	
2. <u>ATOKA</u>	At: _____ to _____ Feet	Perforation Interval <u>5042</u> to <u>5064</u> 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>Michael Maier</u> Comments: _____				
TA Approved: ☒ Yes ☐ Denied Date: <u>01/15/2026</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

ECHOMETER COMPANY PHONE 940-767-4334

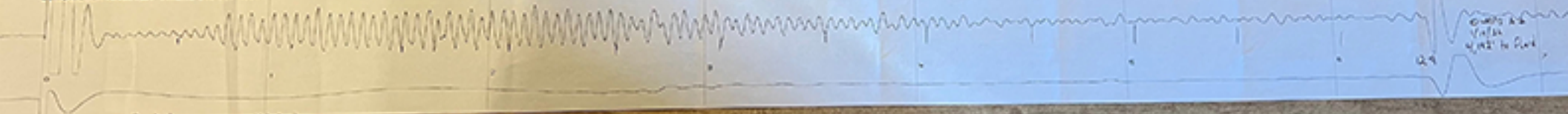
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01/15/2026

STEPHANIE DECKER
Samuel Gary Jr. & Associates, Inc.
1515 WYNKOOP, STE 700
DENVER, CO 80202-2062

Re: Temporary Abandonment
API 15-081-21132-00-01
OWENS A 7
SW/4 Sec.16-29S-34W
Haskell County, Kansas

Dear STEPHANIE DECKER:

"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 01/15/2027.

- * 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 01/15/2027.

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

Very truly yours,

Michael Maier"