

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# 35037

Name: Horton, John

Address 1: PO BOX 314

Address 2: _____

City: SEDAN State: KS Zip: 67361 + 0314

Contact Person: John Horton

Phone: (620) 249-3382

Contact Person Email: _____

Field Contact Person: _____

Field Contact Person Phone: (_____) _____

API No. 15- 15-019-21713-00-00

Spot Description: SW NW SW NE Sec. 23 Twp. 34 S. R. 11 ☒ E ☐ W

3372 feet from ☐ N / ☒ S Line of Section

2409 feet from ☒ E / ☐ W Line of Section

GPS Location: Lat: _____, Long: _____

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Chautauqua Elevation: _____ ☐ GL ☐ KB

Lease Name: RILEY Well #: 24

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

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

☐ Gas Storage Permit #: _____

Spud Date: _____ Date Shut-In: 12/30/2020

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	NA	8.625	4.5	NA	NA	NA
Setting Depth		40	1000			
Amount of Cement		25	105			
Top of Cement		0	0			
Bottom of Cement		40	1000			

Casing Fluid Level from Surface: 655 How Determined? Fishing Pole Date: 02/03/2026

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: 1000 Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Formation Name Formation Top Formation Base Completion Information

1. _____ At: _____ to _____ Feet Perforation Interval 915 to 922 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>Thad Triboulet ECRS</u> Comments: _____					
TA Approved: ☒ Yes ☐ Denied Date: <u>02/17/2026</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

02/17/2026

John Horton
Horton, John
PO BOX 314
SEDAN, KS 67361-0314

Re: Temporary Abandonment
API 15-019-21713-00-00
RILEY 24
NE/4 Sec.23-34S-11E
Chautauqua County, Kansas

Dear John Horton:

"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 02/17/2027.

- * 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 02/17/2027.

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

Very truly yours,

Thad Triboulet ECRS"