

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: _____, Long: _____
Datum: _____ NAD27 _____ NAD83 _____ WGS84
County: _____ 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: _____

Table with 7 columns: Conductor, Surface, Production, Intermediate, Liner, Tubing. Rows include Size, Setting Depth, Amount of Cement, Top of Cement, Bottom of Cement.

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____
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 _____ 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:

Table with 4 columns: Formation Name, Formation Top, Formation Base, Completion Information. Rows 1 and 2.

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: _____ Comments: _____
TA Approved: _____ Yes _____ Denied Date: _____

Mail to the Appropriate KCC Conservation Office:

Table with 2 columns: Office Address, Phone Number. Rows for District Offices #1, #2, #3, and #4.

Sent to Wichita 4-25-25

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
CASING MECHANICAL INTEGRITY TEST

FILE COPY

Form U-7
August 2019

TIA # 5,039

Disposal: Enhanced Recovery: KCC District No.: 04
Operator License No.: 34888 Name: Patterson Energy, LLC
Address 1: P.O. Box 400
Address 2:
City: Hays State: Ks Zip: 67601 + 0400
Contact Person: Zach Patterson Phone: (785) 259-3717

API No.: 15-065-23904-00-00 Permit No.:
_ SW _ SE _ SE Sec. 02 Twp. 10 S. R. 21 East West
330 Feet from North / South Line of Section
990 Feet from East / West Line of Section
Lease: McClellan Well No.: 17
County: Graham

Well Construction Details: New well Existing well with changes to construction Existing well with no changes to construction

Maximum Authorized Injection Pressure: _____ psi Maximum Injection Rate: _____ bbl/d

	Conductor	Surface	Intermediate	Production	Liner	Tubing
Size:		8.625		5.5		
Set at:		1758		4015		
Sacks of Cement:		650		200		
Cement Top:		0		NA		
Cement Bottom:		1758		4015		

Packer Type: _____ Set at: _____
 DV Tool Port Collar Depth of: _____ feet with _____ sacks of cement TD (and plug back): 4015 feet depth

Zone of Injection Formation: _____ Top Feet: _____ Bottom Feet: _____ Perf. or Open Hole: _____

Is there a Chemical Sealant or a Mechanical Casing patch in the annular space? Yes No

If Dual Completion - Injection is: Above Production Below Production

FIELD DATA

GPS Location: Datum: NAD27 NAD83 WGS84 Lat: 39.20639 Long: 099.62717 Date Acquired: 04/17/2025

Type MIT: _____ MIT Reason: TA

Time in Minute(s): 0 15 30

Pressures: Set up 1 310 310 310

Set up 2 _____

Set up 3 _____

Tested: Casing or Casing - Tubing Annulus System Pressure during test: 0 Bbbs. to load annulus: _____

Test Date: 04/17/2025 Using: Keller Tank Service Company's Equipment

The zone tested for this well is between 0 feet and 4015 feet.

The test results were verified by operator's representative:

Name: Dale Windholtz Title: Production Foreman Phone: (785) 639-3317

KCC Office Use Only

State Agent: Pat Bedore Title: E.C.R.S. Witness: Yes No

The results were:

- Satisfactory
- Not Satisfactory

Next MIT: _____

Remarks: _____

Conservation Division
District Office No. 4
2301 E. 13th Street
Hays, KS 67601-2651



Phone: 785-261-6250
<http://kcc.ks.gov/>

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

Laura Kelly, Governor

04/27/2026

Zach Patterson
Patterson Energy LLC
PO BOX 400
HAYS, KS 67601-0400

Re: Temporary Abandonment
API 15-065-23904-00-00
MCCLELLAN 17
SE/4 Sec.02-10S-21W
Graham County, Kansas

Dear Zach Patterson:

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 09/12/2026.

Your exception application expires on 09/12/2026.

- * 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 09/12/2026.

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

Very truly yours,

SHANE JONES