

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: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 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: _____

	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): _____ 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 _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
(depth) (depth)
 Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)
 Packer Type: _____ Size: _____ Inch Set at: _____ Feet
 Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

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

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: <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

26-CONS-3218-CEXC

CIT for T.A.

DOCKET# _____

CASING MECHANICAL INTEGRITY TEST

Disposal Well Enhanced Recovery:

Repressuring

Flood

Tertiary

E/2 SE-NW, Sec 28, T 21 S, R 7 E/W

3300 Feet from South Section Line

8970 Feet from East Section Line

Lease Short Well # 1-28

County KC

Date injection started _____
API #15- 159-21808-0000

Operator: Red Hills Energy LLC Operator License# 35815

Name & Address 9240 NW River Rd. Medicine Lodge, KS 67104 Contact Person Mark Gillespie - G+L Well Serv.

Phone 620-469-7117

Max. Auth. Injection Press _____ Psi; Max Inj. Rate _____ bbl/d;

If Dual Completion - Injection above production _____ Injection below production _____

Size	Conductor	Surface	Production	Liner	Size	Tubing
		<u>5 5/8"</u>	<u>5 1/2"</u>			<u>NONE</u>
Set at		<u>200'</u>	<u>3445'</u>		Set at	
Cement Top		<u>0</u>			Type	
" Bottom		<u>200'</u>				
DV/Perf.				<u>3447'</u>		ft. depth
Packer type <u>CIBP</u>		Size		Set at <u>3329'</u>		<u>2 3/8" on top</u>
Zone of injection		ft. to ft. <u>3379-3382</u>		Perf. or open hole		

Type MIT: Pressure: Radioactive Tracer Survey: Temperature Survey:

F Time: Start 0 Min 15 Min 30 Min

I Pressures: 315 315 315 Set up 1 System Pres. during test _____

L _____ Set up 2 Casing Annular Pres. during test 315

D _____ Set up 3 Fluid loss during test _____ bbls.

T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone in shut in with CIBP

Test Date 1-15-26 Using Bob's Oil Svc. Company's Equipment _____

The operator hereby certifies that the zone between 0 feet and 3329 feet was the zone tested

Signature _____ Title _____

The results were Satisfactory Marginal _____ Not Satisfactory _____

State Agent: Virgil Clotter Title: ECRS Witness: YES NO _____

REMARKS: Corrosion Oilfield set CIBP & capped with 2 3/8"

Origin. Conservation Div.: KDHE/T: Dist. Office

Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)

GPS Lat 38.19745 GPS Long -098.09804 (If YES please describe in REMARKS)

3308' FSL, 8999' FEL
GPS'd 10-2-2015

KCC Form U-7

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

06/02/2026

Paul Smith
Red Hills Energy, LLC
9240 Nw River Rd
Medicine Lodge, KS 67104-8023

Re: Temporary Abandonment
API 15-159-21808-00-00
SHORT 1-28
NW/4 Sec.28-21S-07W
Rice County, Kansas

Dear Paul Smith:

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 01/30/2027.

Your exception application expires on 01/30/2029.

- * 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 01/30/2027.

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

Very truly yours,

Jeff Klock, District Supervisor