

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# \_\_\_\_\_

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 ☐ WGS84County: \_\_\_\_\_ 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: \_\_\_\_\_

Do you have a valid Oil & Gas Lease? ☐ Yes ☐ NoDepth 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 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: ☐ Yes ☐ 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 |

PRODUCER EAGLE CREEK CORP. CSG        WT        SET @        TD        PB        GL         
WELL NAME ROSS 1-17 TBG        WT        SET @        SN        PKR        KB         
LOCATION SWSNW 17-34S-28W PERFS        TO       ,        TO       ,        TO       ,        TO         
COUNTY MEAD STATE KS PROVER        METER        TAPS        ORIFICE        PCR        TCR         
GG        API        @        GM        RESERVOIR       

| DATE<br>TIME OF<br>READING | ELAP<br>TIME<br>HOUR | WELLHEAD PRESSURE DATA |            |             |            |             |            | MEASUREMENT DATA |       |      |           | LIQUIDS       |                | TYPE INITIAL _____ SPEICAL _____ ENDING _____<br>TEST: ANNUAL _____ RETEST _____ DATE 6-1-26 |         |          |
|----------------------------|----------------------|------------------------|------------|-------------|------------|-------------|------------|------------------|-------|------|-----------|---------------|----------------|----------------------------------------------------------------------------------------------|---------|----------|
|                            |                      | CSG<br>PSIG            | Δ P<br>CSG | TBG<br>PSIG | Δ P<br>TBG | BHP<br>PSIG | Δ P<br>BHP | PRESS<br>PSIG    | DIFF. | TEMP | Q<br>MCFD | COND<br>BBLs. | WATER<br>BBLs. | REMARKS PERTINENT TO TEST DATA QUALITY                                                       |         |          |
| MONDAY                     |                      |                        |            |             |            |             |            |                  |       |      |           |               |                |                                                                                              |         |          |
| 6-1-26                     |                      |                        |            |             |            |             |            |                  |       |      |           |               |                | ASSUME AVERAGE JT. LENGTH = 31.50'                                                           |         |          |
| 1245                       |                      | 17.7                   |            | PUMP<br>OFF |            |             |            |                  |       |      |           |               |                | CONDUCT LIQUID LEVEL DETERMINATION TEST                                                      |         |          |
|                            |                      |                        |            |             |            |             |            |                  |       |      |           |               |                | SHOT                                                                                         | JTS. TO | DISTANCE |
|                            |                      |                        |            |             |            |             |            |                  |       |      |           |               |                | #                                                                                            | FLUID   | TO FLUID |
|                            |                      |                        |            |             |            |             |            |                  |       |      |           |               |                | 1                                                                                            | 50.0    | 1575'    |
|                            |                      |                        |            |             |            |             |            |                  |       |      |           |               |                | 2                                                                                            | 50.0    | 1575'    |

ECHOMETER COMPANY PHONE-940-767-4334

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Repeat

Repeat

Repeat

06/11/2026

Dave Callewaert  
Eagle Creek Corporation  
423 E FLINT HILLS NATIONAL CT  
ANDOVER, KS 67002-8838

Re: Temporary Abandonment  
API 15-119-20797-00-01  
ROSS 1  
NW/4 Sec.17-34S-28W  
Meade County, Kansas

Dear Dave Callewaert:

"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 06/11/2027.

- \* 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 06/11/2027.

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

Very truly yours,

Michael Maier"