

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

CASING MECHANICAL INTEGRITY TEST

Disposal Well ☐ Enhanced Recovery:

CIT oilwell TA ☒ Repressuring ☐

Flood ☐

Tertiary ☐

Date injection started _____

API #15-195 - 22468

NE SW NW SE, Sec 32, T 14 S, R 21 E (W)

1763

Feet from South Section Line

2263

Feet from East Section Line

Lease Schuster

Well # 2-32

County Trego

Operator: Elevate Energy

Operator License # 35795

Name & Address PO BOX 460

Contact Person Brady Pfeiffer

Elizabeth, CO 80107

Phone 303-906-1107

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

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

Conductor	Surface	Production	Liner	Size	Tubing
	8-5/8	5-1/2		2-3/8	
Set at	221 w/ 160 sxs	4029 w/ 175 sxs		Set at	3881
Cement Top	0	3274		Type	steel
" Bottom	221	4029			
Perf. PC @ 1447' w/ 200 sxs					
TD (and plug back)		4030 - (4029)			
Packer type AD-1				Set at	3881
Zone of injection	3929			ft. to ft.	3933
Cherokee				Perf. or open hole	

Size _____

Set at _____

Cement Top _____

" Bottom _____

Perf. PC @ 1447' w/ 200 sxs

TD (and plug back) 4030 - (4029) ft. depth

Packer type AD-1

Zone of injection 3929

Cherokee

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

F Time: Start 0 Min. 15 Min. 30 Min.

I Pressures: 310 305 305

E Set up 1 System Pres. during test _____

L Set up 2 Annular Pres. during test _____

D Set up 3 Fluid loss during test _____ bbls.

D

A

T Tested: Casing ☐ or Casing - Tubing Annulus ☐

A

The bottom of the tested zone in shut in with a packer

Test Date 4/27/2026 Using Bojack Company's Equipment

The operator hereby certifies that the zone between _____ feet and _____ feet

was the zone tested _____

Signature

Title

The results were Satisfactory ☒ Marginal _____ Not Satisfactory _____

State Agent: Jake Eastes Title: ECRS Witness: YES ☒ NO _____

REMARKS: _____

☒ Origin. Conservation Div.:

☐ KDHE/T:

☒ Dist. Office

☐ Computer Update

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

(If YES please describe in REMARKS)

GPS Lat 38.78853

GPS Long -99.67868

KCC Form U-7

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

06/17/2026

Brady Pfeiffer
Elevate Energy Ltd
PO BOX 460
ELIZABETH, CO 80107-0460

Re: Temporary Abandonment
API 15-195-22468-00-00
SCHUSTER 2-32
SE/4 Sec.32-14S-21W
Trego County, Kansas

Dear Brady Pfeiffer:

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 06/17/2027.

Your exception application expires on 03/23/2029.

- * 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 06/17/2027.

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

Very truly yours,

SHANE JONES