

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# 34434

Name: Edison Operating Company LLC

Address 1: 8100 E. 22ND ST. N., BLDG 1900

Address 2: _____

City: WICHITA State: KS Zip: 67226 + 2319

Contact Person: BRIAN J MCCOY

Phone: (316) 201-1744

Contact Person Email: _____

Field Contact Person: _____

Field Contact Person Phone: (_____) _____

API No. 15- 15-033-10003-00-00

Spot Description: _____

E2 NW Sec. 11 Twp. 31 S. R. 16 ☐ E ☒ W

3690 feet from ☐ N / ☒ S Line of Section

3690 feet from ☒ E / ☐ W Line of Section

GPS Location: Lat: _____, Long: _____

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Comanche Elevation: _____ ☐ GL ☐ KB

Lease Name: HASHKNIFE B Well #: 1-11

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

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

☐ Gas Storage Permit #: _____

Spud Date: 08/25/1958 Date Shut-In: 9/01/2020

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	NA	8.625	5.5	NA	NA	2.375
Setting Depth		300	5009			4867
Amount of Cement		165	200			0
Top of Cement		0	4500			0
Bottom of Cement		300	5009			0

Casing Fluid Level from Surface: 4839 How Determined? ECHOMETER Date: 10/06/2026

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: 5009 Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Formation Name Formation Top Formation Base Completion Information

1. _____ At: _____ to _____ Feet Perforation Interval 4780 to 4830 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>Michael Maier</u> Comments: _____				
TA Approved: ☒ Yes ☐ Denied Date: <u>10/22/2026</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

Conservation Division
District Office No. 1
210 E. Frontview, Suite A
Dodge City, KS 67801



Phone: 620-682-7933
<http://kcc.ks.gov/>

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

Laura Kelly, Governor

10/22/2026

BRIAN J MCCOY
Edison Operating Company LLC
8100 E. 22ND ST. N., BLDG 1900
WICHITA, KS 67226-2319

Re: Temporary Abandonment
API 15-033-10003-00-00
HASHKNIFE B 1-11
NW/4 Sec.11-31S-16W
Comanche County, Kansas

Dear BRIAN J MCCOY:

"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 10/22/2027.

- * 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 10/22/2027.

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

Very truly yours,

Michael Maier"