

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: _____

CANCELLED 10/3/2019 djk
OPERATOR SUBMITTED ON INCORRECT API
SEE 15-167-03840-00-01

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 _____ (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: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

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 3 columns: District Office #, Address, Phone. Rows 1-4.

October 01, 2019

Shawn Evans
Shawn D. Evans Inc. dba ACE Oil Company
18529 WALTERS RD
PO BOX 606
RUSSELL, KS 67665-0606

Re: Temporary Abandonment
API 15-167-03840-00-00
SHAFFER 6
SW/4 Sec.01-13S-15W
Russell County, Kansas

Dear Shawn Evans:

"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 10/01/2020.

- * 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 10/01/2020.

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

Very truly yours,

RICHARD WILLIAMS "