Form CP-111 June 2011 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

| OPERATOR: License#                                 |                       |                       |          | API No. 15-                  |                                     |                          |                      |           |                       |  |  |  |                                                   |  |  |  |  |
|----------------------------------------------------|-----------------------|-----------------------|----------|------------------------------|-------------------------------------|--------------------------|----------------------|-----------|-----------------------|--|--|--|---------------------------------------------------|--|--|--|--|
| Name:                                              |                       |                       |          | Spot Description:            |                                     |                          |                      |           |                       |  |  |  |                                                   |  |  |  |  |
| Address 1:                                         |                       |                       |          |                              |                                     | Twp S.                   |                      |           |                       |  |  |  |                                                   |  |  |  |  |
| Address 2:                                         |                       |                       |          |                              |                                     | feet from                |                      |           |                       |  |  |  |                                                   |  |  |  |  |
| City: State: Zip: +   Contact Person:   Phone: ( ) |                       |                       |          |                              |                                     |                          |                      |           |                       |  |  |  |                                                   |  |  |  |  |
|                                                    |                       |                       |          |                              |                                     |                          |                      |           | Contact Person Email: |  |  |  | Lease Name: Well #:                               |  |  |  |  |
|                                                    |                       |                       |          |                              |                                     |                          |                      |           | Field Contact Person: |  |  |  | Well Type: (check one)  Oil  Gas  OG  WSW  Other: |  |  |  |  |
| Field Contact Person Phone: ( )                    |                       |                       |          | SWD Permit #: ENHR Permit #: |                                     |                          |                      |           |                       |  |  |  |                                                   |  |  |  |  |
| , ,                                                |                       |                       |          |                              | Gas Storage Permit #: Date Shut-In: |                          |                      |           |                       |  |  |  |                                                   |  |  |  |  |
|                                                    | Conductor             | Surface               | Pro      | duction                      | Intermediate                        | Liner                    | Tubing               | 3         |                       |  |  |  |                                                   |  |  |  |  |
| Size                                               |                       |                       |          |                              |                                     |                          |                      |           |                       |  |  |  |                                                   |  |  |  |  |
| Setting Depth                                      |                       |                       |          |                              |                                     |                          |                      |           |                       |  |  |  |                                                   |  |  |  |  |
| Amount of Cement                                   |                       |                       |          |                              |                                     |                          |                      |           |                       |  |  |  |                                                   |  |  |  |  |
| Top of Cement                                      |                       |                       |          |                              |                                     |                          |                      |           |                       |  |  |  |                                                   |  |  |  |  |
| Bottom of Cement                                   |                       |                       |          |                              |                                     |                          |                      |           |                       |  |  |  |                                                   |  |  |  |  |
| Depth and Type:                                    | T.I ALT. II Depth o   | of: DV Tool:(depth)   | w / _    | Set at:                      | s of cement Port                    | Collar: w<br>et          |                      | of cement |                       |  |  |  |                                                   |  |  |  |  |
| Geological Date:                                   | Ū                     | ·                     |          | · ·                          |                                     |                          |                      |           |                       |  |  |  |                                                   |  |  |  |  |
| Formation Name                                     | Formation             | Top Formation Base    |          |                              | Completio                           | on Information           |                      |           |                       |  |  |  |                                                   |  |  |  |  |
| 1                                                  | At:                   | to Feet               | Perfo    | ration Interval .            | to F                                | Feet or Open Hole Interv | val to               | Feet      |                       |  |  |  |                                                   |  |  |  |  |
| 2                                                  | At:                   | to Feet               | Perfo    | ration Interval              | to F                                | Feet or Open Hole Interv | val to               | Feet      |                       |  |  |  |                                                   |  |  |  |  |
| INDED DENALTY OF DEE                               | O ILIDVI LIEDEDV ATTE | CET THAT THE INICODMA | TION CO  | NITAINED HED                 | EIN IS TOLIE AND O                  | PODDECT TO THE DEST      | FOE MV KNOW!         | EDCE      |                       |  |  |  |                                                   |  |  |  |  |
|                                                    |                       | Submitt               | ed Ele   | ctronicall                   | У                                   |                          |                      |           |                       |  |  |  |                                                   |  |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY       | Date Tested:          | R                     | Results: |                              | Date Plugged:                       | Date Repaired: Date      | ate Put Back in Serv | vice:     |                       |  |  |  |                                                   |  |  |  |  |
| Review Completed by:                               |                       |                       | Comn     | nents:                       |                                     |                          |                      |           |                       |  |  |  |                                                   |  |  |  |  |
| TA Approved: Yes                                   | Denied Date:          |                       |          |                              |                                     |                          |                      |           |                       |  |  |  |                                                   |  |  |  |  |
|                                                    |                       | Mail to the App       | ropriate | KCC Conserv                  | vation Office:                      |                          |                      |           |                       |  |  |  |                                                   |  |  |  |  |

| There had been not the lot for the man word many that the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
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| There has been and be to the same the s | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
| Similar Street S | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |

Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-625-0550 Fax: 785-625-0564 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner

August 03, 2011

Bryan Hess Hess Oil Company PO BOX 1009 MCPHERSON, KS 67460-1009

Re: Temporary Abandonment API 15-163-22028-00-00 KRILEY F 5 NW/4 Sec.20-07S-17W Rooks County, Kansas

## Dear Bryan Hess:

Your application for Temporary Abandonment (TA) of the above-listed well is denied for the following reasons(s):

## **HGFLD** - High fluid level

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by September 07, 2011.

You may file an application for an exception to the 10-year limitation in K.A.R. 82-3-111 to demonstrate why it is necessary to TA the above well for more than ten (10) years. Your application for an exception is due by September 02, 2011. All applications must be sent to the Kansas Corporation Commission Conservation Division at 130 South Market, Room 2078, Wichita, Kansas 67202.

Very Truly Yours, Richard Williams