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:  |                    |                       |                |                                 | Sec  | Twp S.                    | R             | E W       |  |   |           |         |  |           |                       |       |        |  |  |
| Address 2:  |                    |                       |                |                                 |  | feet from N               |               |           |  |   |           |         |  |           |                       |       |        |  |  |
| City:       State:       Zip:          Contact Person:          Phone:()          Contact Person Email: |                    |                       |                | feet from E / W Line of Section |  |                           |               |           |  |   |           |         |  |           |                       |       |        |  |  |
|   |                    |                       |                | Datum:                          | GPS Location: Lat:, Long:                              |                           |               |           |  |   |           |         |  |           |                       |       |        |  |  |
|   |                    |                       |                |                                 |  |                           |               |           |  |   |           |         |  |           |                       |       |        |  |  |
|   |                    |                       |                | Lease Name:                     |  |                           |               |           |  |   |           |         |  |           |                       |       |        |  |  |
|   |                    |                       |                |                                 |  |                           |               |           |  | , |           |         |  | _         | Gas Storage Permit #: |       |        |  |  |
|   |                    |                       |                |                                 |  |                           |               |           |  |   | Conductor | Surface |  | roduction | Intermediate          | Liner | Tubino |  |  |
| Size  | Conductor          | Curiaco               |                | Toddollori                      | mormodiate   | Linoi                     | 100111        | ,         |  |   |           |         |  |           |                       |       |        |  |  |
| Setting Depth   |                    |                       |                |                                 |  |                           |               |           |  |   |           |         |  |           |                       |       |        |  |  |
| Amount of Cement  |                    |                       |                |                                 |  |                           |               |           |  |   |           |         |  |           |                       |       |        |  |  |
| Top of Cement   |                    |                       |                |                                 |  |                           |               |           |  |   |           |         |  |           |                       |       |        |  |  |
| Bottom of Cement  |                    |                       |                |                                 |  |                           |               |           |  |   |           |         |  |           |                       |       |        |  |  |
| Depth and Type:  Junk  Type Completion:  ALT  Packer Type:  Total Depth:                                | .I ALT. II Dep     | th of: DV Tool:       | (depth) W /    | sack                            | s of cement Port                                       | Collar: w /w              |               | of cement |  |   |           |         |  |           |                       |       |        |  |  |
| Geological Date:  |                    |                       |                |                                 |  |                           |               |           |  |   |           |         |  |           |                       |       |        |  |  |
| Formation Name Formation Top Formation Base   |                    |                       |                | Completion Information          |  |                           |               |           |  |   |           |         |  |           |                       |       |        |  |  |
| 1   | At:                | to                    | _ Feet Per     | foration Interval               | to F   | eet or Open Hole Interva  | al to         | Feet      |  |   |           |         |  |           |                       |       |        |  |  |
| 2   | At:                | to                    | _ Feet Per     | foration Interval               | to F   | Feet or Open Hole Interva | al to         | Feet      |  |   |           |         |  |           |                       |       |        |  |  |
| HINDED DENIALTY OF DEE  | DILIDVI LIEDEDV AT |                       |                | ectronical                      |  | ADDECT TO THE DECT        | OE MV KNOMI I | EDOE      |  |   |           |         |  |           |                       |       |        |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY  |                    | Date Tested: Results: |                |                                 | Date Plugged: Date Repaired: Date Put Back in Service: |                           |               |           |  |   |           |         |  |           |                       |       |        |  |  |
| Review Completed by:  |                    |                       | Con            | nments:                         |  |                           |               |           |  |   |           |         |  |           |                       |       |        |  |  |
| TA Approved: Yes  | Denied Da          | te:                   |                |                                 |  |                           |               |           |  |   |           |         |  |           |                       |       |        |  |  |
|   |                    | Mail to th            | ne Appropriate | KCC Conser                      | vation Office  |                           |               |           |  |   |           |         |  |           |                       |       |        |  |  |
| -   |                    |                       |                |                                 |  |                           |               |           |  |   |           |         |  |           |                       |       |        |  |  |

| Street byte last the talk to and had been been to be been been been been been been been  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |  |
|--|---|--------------------|--|
|  | 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 |  |
| Same from the first field of tends from the tend to the field state of | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |  |

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



Phone: 620-225-8888 Fax: 620-225-8885 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner

July 17, 2012

Janna Burton OXY USA Inc. 5 E GREENWAY PLZ PO BOX 27570 HOUSTON, TX 77227-7570

Re: Temporary Abandonment API 15-055-22127-00-00 GARDEN CITY T 2 NE/4 Sec.29-23S-34W Finney County, Kansas

## Dear Janna Burton:

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 August 16, 2012.

Sincerely,

Steve Pfeifer