#### CORRECTION #1 KANSAS CORPORATION COMMIS 1104398

**OIL & GAS CONSERVATION DIVISION** 

Form CP-111 June 2011 Form must be Typed Form must be signed All blanks must be complete

## **TEMPORARY ABANDONMENT WELL APPLICATION**

| OPERATOR: License#                    |               |                 | API No. 15-    | API No. 15           |  |                                |        |           |  |  |
|---------------------------------------|---------------|-----------------|----------------|----------------------|--|--------------------------------|--------|-----------|--|--|
| Name:                                 |               |                 |                | Spot Description:    |  |                                |        |           |  |  |
| Address 1:                            |               |                 |                | _                    | Sec Twp S. R E W   |                                |        |           |  |  |
| Address 2:                            |               |                 |                |                      |  | feet from N /                  |        |           |  |  |
| City:                                 | State:        | Zip:            | +              | - GPS Looptic        | feet from E /W Line of Section                               |                                |        |           |  |  |
| Contact Person:                       |               |                 |                |                      | GPS Location: Lat:, Long:, Long:<br>Datum: NAD27 NAD83 WGS84 |                                |        |           |  |  |
| Phone:( )                             |               |                 |                |                      | County: Elevation: GL KB                                     |                                |        |           |  |  |
| Contact Person Email:                 |               |                 |                | Lagas Norma          | Lease Name:  |                                |        |           |  |  |
| Field Contact Person:                 |               |                 |                |                      |  |                                |        |           |  |  |
| Field Contact Person Phone:           | ()            |                 |                |                      |  |                                |        |           |  |  |
| Field Contact Person Phone: ( )       |               |                 |                | Gas Sto              | Gas Storage Permit #:           Spud Date:   Date Shut-In:   |                                |        |           |  |  |
|                                       |               |                 |                | Spud Date.           |  |                                |        |           |  |  |
|                                       | Conductor     | Surfac          | e              | Production           | Intermediate   | e Liner                        | Tubing | J         |  |  |
| Size                                  |               |                 |                |                      |  |                                |        |           |  |  |
| Setting Depth                         |               |                 |                |                      |  |                                |        |           |  |  |
| Amount of Cement                      |               |                 |                |                      |  |                                |        |           |  |  |
| Top of Cement                         |               |                 |                |                      |  |                                |        |           |  |  |
| Bottom of Cement                      |               |                 |                |                      |  |                                |        |           |  |  |
| Casing Fluid Level from Surfa         | ace:          |                 | How Determi    | ined?                |  | Dat                            | e:     |           |  |  |
| Casing Squeeze(s):                    | to w          | //s             | acks of cement | t, to                | w/   | sacks of cement. Dat           | e:     |           |  |  |
| (top)<br>Do you have a valid Oil & Ga |               |                 |                | (top)                | (bottom)   |                                |        |           |  |  |
|                                       |               |                 |                |                      | l  |                                |        |           |  |  |
|                                       |               |                 |                |                      |  | epth of casing leak(s):        |        |           |  |  |
| Type Completion: ALT. I               | ALT. II Depth | of: DV Tool:    | (depth)        | _w / sacks           | of cement P  | ort Collar: w /                | sack o | of cement |  |  |
| Packer Type:                          |               |                 |                |                      |  |                                |        |           |  |  |
| Total Depth:                          | Plug B        | ack Depth:      |                | Plug Back Metho      | od:  |                                |        |           |  |  |
| Geological Date:                      |               |                 |                |                      |  |                                |        |           |  |  |
| Formation Name                        | Formatio      | n Top Formation | Base           |                      | Compl  | etion Information              |        |           |  |  |
|                                       | Δt·           | to              | Feet           | Perforation Interval | to   | _ Feet or Open Hole Interval _ | to     | Feet      |  |  |
| 1                                     | ^             |                 |                |                      |  |                                |        |           |  |  |

## Submitted Electronically

| <i>Do NOT Write in This<br/>Space -</i> KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                                 |              | Comments: |               |                |                           |
| TA Approved: Yes D                                   | enied Date:  |           |               |                |                           |

#### Mail to the Appropriate KCC Conservation Office:

|  | These has the the the as and the share the term  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |  |
|--|--|---|--------------------|--|
|  | NAME         Date         Date <th< th=""><td>KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226</td><td>Phone 316.630.4000</td><td></td></th<>  | 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  |                    |  |
|  | Anno and the set of th | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |  |

Conservation Division District Office No. 3 1500 W. Seventh Chanute, KS 66720



Phone: 620-432-2300 Fax: 620-432-2309 http://kcc.ks.gov/

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner Sam Brownback, Governor

November 29, 2012

SHIRLEY STOTLER Colt Energy Inc PO BOX 388 IOLA, KS 66749-0388

Re: Temporary Abandonment API 15-125-31903-00-00 O' Brien 11-20 SW/4 Sec.20-32S-17E Montgomery County, Kansas

Dear SHIRLEY STOTLER:

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 11/19/2013.

\* 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 11/19/2013.

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

Very truly yours,

**Russell Hine** 

# Summary of Changes

| Lease Name and Number:           | O' Brien 11-20  |   |  |  |  |  |
|----------------------------------|---|---|--|--|--|--|
| API/Permit #: 15-125-31903-00-00 |   |   |  |  |  |  |
| Doc ID: 1104398                  |   |   |  |  |  |  |
| Correction Number: 1             |   |   |  |  |  |  |
| Field Name                       | Previous Value  | New Value   |  |  |  |  |
| Approved Date                    | 11/29/2012  | 12/27/2012  |  |  |  |  |
| Date Shut-In                     | 09/30/2010  | 10/05/2010  |  |  |  |  |
| GPS Latitude                     | 37.2439262  | 37.243926   |  |  |  |  |
| GPS Longitude                    | 95.57096  | -95.570960  |  |  |  |  |
| Save Link                        | //kcc/detail/operatorE<br>ditDetail.cfm?docID=10<br>99456 | //kcc/detail/operatorE<br>ditDetail.cfm?docID=11<br>04398 |  |  |  |  |

### Summary of Attachments

Lease Name and Number: O' Brien 11-20 API: 15-125-31903-00-00 Doc ID: 1104398 Correction Number: 1 Attachment Name

Temporary Abandonment Approved