KANSAS CORPORATION COMMISSION Oil & Gas Conservation Division 1134380

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             |            |                          |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
|-----------------------------|------------------------------|-----------------|-----------------|------------------------|------------|--------------------------|---------|---------------------------------|------------------|---------------------------|-------|--|--|---------------------------------|---------------|---------------------|----------|---|--|
|                             |                              |                 |                 |                        |            |                          |         |                                 | Sec Twp S. R E W |                           |       |  |  |                                 |               |                     |          |   |  |
|                             |                              |                 |                 |                        |            | feet from                |         | 1                               |                  |                           |       |  |  |                                 |               |                     |          |   |  |
|                             |                              |                 |                 | City:                  | State:     | Zip:                     | _ +     | feet from E / W Line of Section |                  |                           |       |  |  |                                 |               |                     |          |   |  |
| Contact Person:             |                              |                 |                 | GPS Location: Lat:     |            |                          |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
|                             |                              |                 |                 |                        |            |                          |         |                                 |                  | Field Contact Person:     |       |  |  | Well Type: (c                   | heck one) 🗌 🕻 | Dil 🗌 Gas 🗌 OG 🗌 WS | SW Other | : |  |
|                             |                              |                 |                 |                        |            |                          |         |                                 |                  | Field Contact Person Phon | e:( ) |  |  | SWD Permit #:    ENHR Permit #: |               |                     |          |   |  |
|                             | ()                           |                 |                 |                        | 0          |                          |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
|                             |                              |                 |                 | Spud Date:_            |            | Date Shut-l              | In:     |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
|                             | Conductor                    | Surface         | Pr              | oduction               | Intermedia | te Liner                 |         | Tubing                          |                  |                           |       |  |  |                                 |               |                     |          |   |  |
| Size                        |                              |                 |                 |                        |            |                          |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
| Setting Depth               |                              |                 |                 |                        |            |                          |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
| Amount of Cement            |                              |                 |                 |                        |            |                          |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
| Top of Cement               |                              |                 |                 |                        |            |                          |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
| Bottom of Cement            |                              |                 |                 |                        |            |                          |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
| Casing Fluid Level from Su  | rface:                       |                 | How Determined? |                        |            |                          | Date:   |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
| Casing Squeeze(s):          |                              |                 |                 |                        |            |                          |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
| Do you have a valid Oil & O | Gas Lease? 🗌 Yes [           | No              |                 |                        |            |                          |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
| Depth and Type: 🗌 Junk      | in Hole at                   | Tools in Hole a | at Ca           | sing Leaks:            | Yes No     | Depth of casing leak(s): |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
|                             |                              |                 |                 |                        |            |                          |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
| Type Completion: AL         |                              |                 |                 |                        |            |                          |         | 380K 0                          | reement          |                           |       |  |  |                                 |               |                     |          |   |  |
| Packer Type:                | Size:                        |                 | Inch            | Set at:                |            | _ Feet                   |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
| Total Depth:                | Plug Ba                      | ck Depth:       |                 | Plug Back Metho        | d:         |                          |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
| Geological Date:            |                              |                 |                 |                        |            |                          |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
| Geological Date.            | Formation Top Formation Base |                 |                 | Completion Information |            |                          |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
| •                           | Formation                    |                 |                 |                        |            |                          |         |                                 |                  |                           |       |  |  |                                 |               |                     |          |   |  |
| Formation Name              |                              | to              | Feet Perfo      | ration Interval _      | to         | Feet or Open Hole I      | nterval | to                              | Feet             |                           |       |  |  |                                 |               |                     |          |   |  |

Submitted Electronically

| 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:                         |              | Comments: |               |                |                           |
| TA Approved: Yes De                          | enied Date:  |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | 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 |  |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |  |



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

May 08, 2013

Randy Peterson L & G Petroleum Operating, LLC 1000 CAMINO DEL OESTE BAKERSFIELD, CA 93309-7102

Re: Temporary Abandonment API 15-001-19215-00-00 Wiggins B 17FA NE/4 Sec.10-24S-18E Allen County, Kansas

Dear Randy Peterson:

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

## OVR10 - Shut in over 10 years

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by June 07, 2013.

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 (10) years. You must notify the Commission in writting no later than June 07, 2013 of your intention to file the application, and your complete application is due July 07, 2013. All applications and written notifications must be sent to the attention of the Excutive Director at the Kansas Corporation Commission Conservation Division at 130 South Market, Room 2078, Wichita, Kansas 67202.

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

Sincerely,

Ryan Duling