KANSAS CORPORATION COMMISSION Oil & Gas Conservation Division 1141896

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             |                              |           |                 |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
|---|------------------------------------|-------------|-----------|------------------------|------------------------------|-----------|-----------------|---------------------|--------|-----------|-----------------------|--|--|--|--|--------------|--------------|---------------|--------------|-------|--|
| Name:   |                                    |             |           |                        | Spot Descri                  | ption:    |                 |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
| Address 1:                                      |                                    |             |           |                        | Sec Twp S. R E W             |           |                 |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
| Address 2:                                      |                                    |             |           |                        |                              |           |                 | eet from N /        |        |           |                       |  |  |  |  |              |              |               |              |       |  |
| City:   Zip:  +     Contact Person:    Phone:() |                                    |             |           |                        |                              |           |                 |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
|   |                                    |             |           |                        |                              |           |                 |                     |        |           | Contact Person Email: |  |  |  |  | Lease Nam    | ə:           |               | Well #:      |       |  |
|   |                                    |             |           |                        |                              |           |                 |                     |        |           | Field Contact Person: |  |  |  |  | Well Type: ( | check one) 🗌 | Oil 🗌 Gas 🗌 C | og 🗌 wsw 🗌 o | ther: |  |
| Field Contact Person Phon                       | e:()                               |             |           |                        | SWD Permit #: ENHR Permit #: |           |                 |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
|   | ( )                                |             |           |                        |                              |           |                 |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
|   |                                    |             |           |                        | Spud Date:                   |           | U               | ate Shut-In:        |        |           |                       |  |  |  |  |              |              |               |              |       |  |
|   | Conductor                          | Surfa       | ice       | Pro                    | duction                      | Intermedi | ate             | Liner               | Tubing | g         |                       |  |  |  |  |              |              |               |              |       |  |
| Size  |                                    |             |           |                        |                              |           |                 |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
| Setting Depth                                   |                                    |             |           |                        |                              |           |                 |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
| Amount of Cement                                |                                    |             |           |                        |                              |           |                 |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
| Top of Cement                                   |                                    |             |           |                        |                              |           |                 |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
| Bottom of Cement                                |                                    |             |           |                        |                              |           |                 |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
| Casing Fluid Level from Su                      | Irface:                            |             | How Deter | rmined?                |                              |           |                 | Dat                 | e:     |           |                       |  |  |  |  |              |              |               |              |       |  |
| Casing Squeeze(s):                              |                                    |             |           |                        |                              |           |                 |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
| Do you have a valid Oil & O                     | Gas Lease? 🗌 Yes                   | No          |           |                        |                              |           |                 |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
| Depth and Type: Unk                             | in Hole at                         | Tools in Ho | le at     | Cas                    | ing Leaks:                   | Yes No    | Depth of casing | g leak(s):          |        |           |                       |  |  |  |  |              |              |               |              |       |  |
|   |                                    |             |           |                        |                              |           |                 |                     |        | of comont |                       |  |  |  |  |              |              |               |              |       |  |
| Type Completion: AL                             |                                    |             |           |                        |                              |           |                 | (depth)             | Sauk ( | Ji cement |                       |  |  |  |  |              |              |               |              |       |  |
| Packer Type:                                    | Size:                              |             |           | Inch S                 | Set at:                      |           | Feet            |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
| Total Depth:                                    | Plug Back Depth: Plug Back Method: |             |           |                        |                              |           |                 |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
| Geological Date:                                |                                    |             |           |                        |                              |           |                 |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
| Formation Name                                  | Name Formation Top Formation Base  |             |           | Completion Information |                              |           |                 |                     |        |           |                       |  |  |  |  |              |              |               |              |       |  |
| 1   | At:                                | to          | Feet      | Perfor                 | ation Interval _             | to        | Feet or Op      | oen Hole Interval_  | to     | Feet      |                       |  |  |  |  |              |              |               |              |       |  |
| 2   | At:                                | to          | Feet      | Perfor                 | ation Interval -             | to        | Feet or Op      | oen Hole Interval - | 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:

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

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

May 30, 2013

B.Lynn Herrington TGT Petroleum Corporation 7570 W 21ST ST N STE1010D WICHITA, KS 67205-1764

Re: Temporary Abandonment API 15-097-20844-00-00 ASHLEY 2 NE/4 Sec.35-27S-19W Kiowa County, Kansas

Dear B.Lynn Herrington:

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 29, 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 29, 2013 of your intention to file the application, and your complete application is due July 29, 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,

Steve Pfeifer