



TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Contact Person Email: _____
 Field Contact Person: _____
 Field Contact Person Phone: (_____) _____

API No. 15- _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 Datum: NAD27 NAD83 WGS84
 County: _____ Elevation: _____ GL KB
 Lease Name: _____ Well #: _____
 Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
 Spud Date: _____ Date Shut-In: _____

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size						
Setting Depth						
Amount of Cement						
Top of Cement						
Bottom of Cement						

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____
 Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
(top) (bottom) (top) (bottom)
 Do you have a valid Oil & Gas Lease? Yes No
 Depth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
(depth) (depth)
 Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)
 Packer Type: _____ Size: _____ Inch Set at: _____ Feet
 Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

Formation Name	Formation Top	Formation Base	Completion Information
1. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet
2. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
	Review Completed by: _____ Comments: _____				
TA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> Denied 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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
**NOTICE OF INJECTION
COMMENCEMENT OR TERMINATION**

Form U-5
July 2014
Form must be Typed
Form must be Signed
All blanks must be Filled
Form must be completed
on a per well basis

Notice of Injection: (check one) Commencement
 Termination
Entire Permit Yes
 No
 Disposal Enhanced Recovery
Effective Date: 3/25/2015
OPERATOR: License #: 34912
Name: C12 Kansas Oil LLC
Address 1: 1900 Wazee St
Address 2: Suite 200
City: Denver State: CO Zip: 80202 + _____
Contact Person: Kate Ryan
Phone: (720) 505-2858

Permit Number: E-04587.1
API No. 15 - 15-167-07042
NE NE SE Sec. 27 Twp. 14 S. R. 14 East West
2335 Feet from North / South Line of Section
435 Feet from East / West Line of Section
County: Russell
Lease Description:
Please List **only the injection lease and well** affected by this document:
Lease Name: Krug Well: Krug WFS 5 (B2)

Reason For Termination of Injection Authority on Above Listed Well:

Well is plugged (File a CP-4 form on KOLAR) Returned to production (File an ACO-1 form on KOLAR)

Well to be TA'ed.

I certify that the above is a true and accurate statement of the facts as known this 25 day of March, 2015.

Signature: Kate Ryan

Name: Kate Ryan

Title: Reservoir Engineer

KCC Office Use Only:

KCC District # _____
 Production

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/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

March 25, 2015

Kate Ryan
C12 Kansas Oil, LLC
1900 WAZEE ST.
SUITE 200
DENVER, CO 80202

Re: Temporary Abandonment
API 15-167-07042-00-01
KRUG WFS 5 (B2)
SE/4 Sec.27-14S-14W
Russell County, Kansas

Dear Kate Ryan:

"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 03/25/2016.

- * 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 03/25/2016.

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

Very truly yours,

RICHARD WILLIAMS"