June 2011 Form must be Typed

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____

Address 1:

Address 2:

Phone:(_____) ___

Setting Depth Amount of Cement Top of Cement **Bottom of Cement**

Packer Type: ___

Total Depth:

Geological Date: **Formation Name**

Casing Fluid Level from Surface: ____

Do you have a valid Oil & Gas Lease? Yes No

Contact Person Email: ___

Field Contact Person: ____

Field Contact Person Phone: (_____) ____

Conductor

__ Size: ___

Plug Back Depth: ___

Formation Top Formation Base

Surface

Form must be signed All blanks must be complete 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 ______ State: _____ Zip: _____ + __ _ _ _ _ GPS Location: Lat: _______(e.g. xx.xxxxx) Datum: NAD27 NAD83 WGS84 _____ Elevation:____ ____ GL KB Lease Name: ___ Well Type: (check one) Oil Gas OG WSW Other: Gas Storage Permit #:____ Spud Date: ___ ___ Date Shut-In: _ Tubing Production Intermediate Liner ___ How Determined? ____ Casing Squeeze(s): _____ to ____ w / ____ sacks of cement, ____ to ____ w / ____ sacks of cement. Date: ___ Depth and Type:

Junk in Hole at ______ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): ______

Type Completion:

ALT. I Depth of:

DV Tool: _____ w / _____ sacks of cement

Port Collar: _____ w / ____ sack of cement __ Inch Set at: ___ ___ Plug Back Method: ___ Completion Information ___ At: _____ to _____ Feet Perforation Interval ____ ____to ______ Feet or Open Hole Interval _____ to _____ Feet _____ At: _____ to _____ Feet Perforation Interval _____ to ____ Feet or Open Hole Interval ____ HINDER DENALTY OF RED HIDV I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE REST OF MY KNOW! EDGE

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: Yes D	enied Date:				

Mail to the Appropriate KCC Conservation Office:



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



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

Sam Brownback, Governor

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

November 04, 2015

Larry Culbertson TEG MidContinent, Inc. 2050 S. ONEIDA, STE 102 DENVER, CO 80224

Re: Temporary Abandonment API 15-031-22105-00-00 KISTNER, R. SWD 1 NE/4 Sec.02-20S-16E Coffey County, Kansas

Dear Larry Culbertson:

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

Lack of Surface Control/Needs Shut-In with Swedge and Valve

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by December 04, 2015.

Sincerely,

Mike Heffern