KANSAS CORPORATION COMMISSION 1275975

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

## **TEMPORARY ABANDONMENT WELL APPLICATION**

| OPERATOR: License#<br>Name:                 |                  |              |              | API No. 15             |                              |                 |             |                |           |        |           |
|---|------------------|--------------|--------------|------------------------|------------------------------|-----------------|-------------|----------------|-----------|--------|-----------|
|   |                  |              |              |                        | Spot Description:            |                 |             |                |           |        |           |
| Address 1:                                  | Address 1:       |              |              |                        | Sec Twp S. R E W             |                 |             |                |           |        |           |
| Address 2:                                  |                  |              |              |                        |                              |                 |             | feet from      |           |        |           |
| City:                                       | State:           | Zip:         | +            |                        |                              |                 |             |                |           |        |           |
| Contact Person:                             |                  |              |              |                        |                              |                 |             |                |           |        |           |
| Phone:()                                    |                  |              |              |                        |                              |                 |             |                |           |        |           |
| Contact Person Email:                       |                  |              |              |                        |                              |                 |             |                |           |        |           |
| Field Contact Person:                       |                  |              |              |                        |                              |                 |             |                |           |        |           |
| Field Contact Person Phon                   | e:()             |              |              |                        | SWD Permit #: ENHR Permit #: |                 |             |                |           |        |           |
|   | ( )              |              |              |                        | Gas Sto Spud Date:           | rage Permit #:_ |             | Date Shut-In:  | ·         |        |           |
|   | Conductor        | Surfa        | се           | Proc                   | luction                      | Intermedi       | ate         | Liner          |           | Tubing | ]         |
| Size  |                  |              |              |                        |                              |                 |             |                |           |        |           |
| Setting Depth                               |                  |              |              |                        |                              |                 |             |                |           |        |           |
| Amount of Cement                            |                  |              |              |                        |                              |                 |             |                |           |        |           |
| Top of Cement                               |                  |              |              |                        |                              |                 |             |                |           |        |           |
| Bottom of Cement                            |                  |              |              |                        |                              |                 |             |                |           |        |           |
| Casing Fluid Level from Su                  | rface:           |              | _ How Dete   | rmined? _              |                              |                 |             |                | _ Date:   |        |           |
| Casing Squeeze(s):                          | to w             | /            | sacks of cem | ent,                   | to                           | (bottom) w /    |             | sacks of cemer | nt. Date: |        |           |
| Do you have a valid Oil & O                 | Gas Lease? Yes   | No           |              |                        |                              |                 |             |                |           |        |           |
| Depth and Type: Unk                         | in Hole at       | Tools in Hol | e at         | Cas                    | ing Leaks:                   | Yes 🗌 No        | Depth of ca | asing leak(s): |           |        |           |
| Type Completion:                            |                  |              |              |                        |                              |                 |             |                |           |        | of cement |
| Packer Type:                                |                  |              |              |                        |                              |                 |             | (depin)        |           |        |           |
| Total Depth:                                | Plug Back Depth: |              |              | P                      | Plug Back Method:            |                 |             |                |           |        |           |
| Geological Date:                            |                  |              |              |                        |                              |                 |             |                |           |        |           |
| Formation Name Formation Top Formation Base |                  |              |              | Completion Information |                              |                 |             |                |           |        |           |
| 1   | At:              | to           | Feet         | Perfora                | ation Interval _             | to              | Feet or     | Open Hole Int  | erval     | to     | Feet      |
| 2   | At:              | to           | Feet         | Perfora                | ation Interval -             | to              | Feet or     | Open Hole Int  | erval     | to     | Feet      |
|   |                  |              |              |                        |                              |                 |             |                |           |        |           |

## 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                               | Denied Date: |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| NOTE <th< th=""><th>KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801</th><th>Phone 620.225.8888</th><th></th></th<> | 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 |  |

Conservation Division District Office No. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226



Phone: 316-630-4000 Fax: 316-630-4005 http://kcc.ks.gov/

Jay Scott Emler, Chairman Shari Feist Albrecht, Commissioner Pat Apple, Commissioner Sam Brownback, Governor

January 27, 2016

J. Hunt Hawkins Hawkins Oil, LLC 427 S BOSTON AVE STE 915 TULSA, OK 74103-4114

Re: Temporary Abandonment API 15-015-20735-00-00 DICKMAN 12 SE/4 Sec.36-25S-04E Butler County, Kansas

Dear J. Hunt Hawkins:

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

## **High Fluid Level**

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by February 26, 2016.

Sincerely,

Jonathan Hill