1307817

Form CP-111

March 2017

Form must be Typed

Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

| OPERATOR: License#                           |             |            |                          |               | API No. 15-          |                    |                                     |        |                |           |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
|--|-------------|------------|--------------------------|---------------|----------------------|--------------------|-------------------------------------|--------|----------------|-----------|--|---------------------------------|------|--------|---------|-----|------------|-------------------------------------|------------|-----|--------|---|--|
| Name:  |             |            |                          |               |                      | Spot Description:  |                                     |        |                |           |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
| Address 1:                                   |             |            |                          |               |                      | Sec.               | Twp                                 | S. R   |                | E W       |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
| Address 2:                                   |             |            |                          |               |                      |                    | feet from                           |        |                |           |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
| City:         State:         Zip:            |             |            |                          |               |                      |                    |                                     |        |                |           |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
|  |             |            |                          |               |                      |                    |                                     |        |                |           |  | Field Contact Person Phone: ( ) |      |        |         |     |            | Gas Storage Permit #: Date Shut-In: |            |     |        |   |  |
|  |             |            |                          |               |                      |                    |                                     |        |                |           |  |                                 |      |        |         |     | Spud Date: |                                     | Date Shut- | In: |        |   |  |
|  |             |            |                          |               |                      |                    |                                     |        |                |           |  |                                 | Cond | luctor | Surface | Pro | duction    | Intermediate                        | Liner      |     | Tubing | g |  |
|  |             |            |                          |               |                      |                    |                                     |        |                |           |  | Size                            |      |        |         |     |            |                                     |            |     |        |   |  |
|  |             |            |                          |               |                      |                    |                                     |        |                |           |  | Setting Depth                   |      |        |         |     |            |                                     |            |     |        |   |  |
| Amount of Cement                             |             |            |                          |               |                      |                    |                                     |        |                |           |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
| Top of Cement                                |             |            |                          |               |                      |                    |                                     |        |                |           |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
| Bottom of Cement                             |             |            |                          |               |                      |                    |                                     |        |                |           |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
| Depth and Type:                              | I ALT.      | II Depth o | f: DV Tool:(depth)       | w / _<br>Inch | sack<br>Set at:      | s of cement Po     | ort Collar:(depth)                  |        |                | of cement |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
| Geological Date:                             |             |            |                          |               |                      |                    |                                     |        |                |           |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
| Formation Name                               |             | Formation  | Top Formation Base       |               |                      | Comple             | tion Information                    |        |                |           |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
|  |             |            | to Feet                  |               | Perforation Interval |                    | to to feet or Open Hole Interval to |        | Feet           |           |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
| 2  |             |            | to Feet                  |               |                      |                    | Feet or Open Hole                   |        |                |           |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
| HINDED DENIALTY OF BED                       | IIIBV I LIE | DEDV ATTE  |                          | TION COI      |                      | DEIN IC TRI IE AND | ·                                   |        |                |           |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
| Do NOT Write in This<br>Space - KCC USE ONLY |             |            | Results:                 |               |                      | Date Plugged:      | Date Repaired:                      | Date P | ut Back in Ser | vice:     |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
| Review Completed by:                         |             |            |                          | Comm          | nents:               |                    |                                     |        |                |           |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
| TA Approved: Yes                             | Denied      | Date:      |                          |               |                      |                    |                                     |        |                |           |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
|  |             |            | Mail to the App          | ropriate I    | KCC Conserv          | vation Office:     |                                     |        |                |           |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |
|  |             | KCC Diete  | iot Office #1 210 F Fran | atulou Cui    | to A. Dodge C        | in, VS 67901       |                                     | -      | Ohana 600 60   | 2022      |  |                                 |      |        |         |     |            |                                     |            |     |        |   |  |

| Notes took took too too too to an Anne party took took took  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |  |
|--|--|--------------------|--|
| Name      | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |  |
| The state of the s | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                      | Phone 620.432.2300 |  |
| Same Street Street State State State State Street S | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |  |

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

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

March 30, 2017

James Vernon Blake Production Co., Inc. 1601 NW EXPRESSWAY STE 777 OKLAHOMA CITY, OK 73118-1463

Re: Temporary Abandonment API 15-197-19007-00-00 DAVIS B-3 NE/4 Sec.04-14S-10E Wabaunsee County, Kansas

## Dear James Vernon:

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

## Shut-in Over 10 years

Pursuant to K.A.R. 82-3-111, the well must be plugged or returned to service by April 27, 2017.

If you wish to instead file an application for an exception to the 10-year limitation of K.A.R. 82-3-111, demonstrating why it is necessary to TA the well for more than 10 years, then you must file the application for an exception by April 27, 2017.

This deadline does NOT override any compliance deadline given to you in any Commission Order.

You may contact me if you have any questions.

Sincerely, Taylor Herman KCC DISTRICT 3