



**TEMPORARY ABANDONMENT WELL APPLICATION**

All blanks must be complete

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**

|   |  |                |                     |                      |                                 |
|---|--|----------------|---------------------|----------------------|---------------------------------|
| <b>Do NOT Write in This Space - KCC USE ONLY</b>                                      | 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 |

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



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

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

Sam Brownback, Governor

September 29, 2016

Beth Oswald  
Dart Cherokee Basin Operating Co., LLC  
600 DART RD  
PO BOX 177  
MASON, MI 48854-0177

Re: Temporary Abandonment  
API 15-125-30264-00-00  
HOGAN D3-13  
SE/4 Sec.13-31S-15E  
Montgomery County, Kansas

Dear Beth Oswald:

"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 09/29/2017.

- \* 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 09/29/2017.

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

Very truly yours,

Duane Sims"