



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 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.337.7400
	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

CASING MECHANICAL INTEGRITY TEST

DOCKET # E-27,671

Disposal Enhanced Recovery:

SW NW NW, Sec 31, T 16 S, R 21 E/W

Repressuring
Flood
Tertiary

4290 (4276) Feet from South Section Line
4950 (4933) Feet from East Section Line

Date injection started _____
API #15 -135 -23,472-00-01

Lease Thompson B Well # 2
County Wichita

Operator: Ruhlon Dalling & General Partnership Operator License # 31086
Name & Address 598 2nd Ave Contact Person Rick Schuber
Beemer, KS 67525-9226 Phone 620-793-2032

Max. Auth. Injection Press. 0 psi; Max. Inj. Rate 2000 bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Size	_____	<u>8 7/8"</u>	<u>5 1/2"</u>	_____	<u>2 3/8"</u>	_____
Set at	_____	<u>269'</u>	<u>4402'</u>	_____	<u>4221'</u>	_____
Cement Top	_____	<u>0</u>	<u>3610'</u>	_____	Type	<u>Sealcrete</u>
" Bottom	_____	<u>269'</u>	<u>4402'</u>	_____		
DV/Perf.	<u>1670' to 0'</u>			<u>4402</u>		ft. depth
Packer type	<u>Baker AD-1 Compression</u>			Size <u>2 3/8" X 5 1/2"</u>	Set at <u>4221</u>	
Zone of injection	<u>Cherokee</u>	ft. to ft. <u>4263-65'</u>			Perf. or open hole	<u>per</u>

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.
I
E Pressures: 310 310 310 Set up 1 System Pres. during test 0
L Set up 2 Annular Pres. during test 310
D Set up 3 Fluid loss during test 0 bbls.
D
A Tested: Casing or Casing - Tubing Annulus
A

The bottom of the tested zone is shut in with a packer

Test Date 1-15-16 Using H-D Company's Equipment

The operator hereby certifies that the zone between 0 feet and 4221 feet

was the zone tested Rick L. Schuber Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Michael J. Maxey Title ECRS Witness: Yes No _____

REMARKS: Sup retest - Backside was full - Nothing done to well since last test

Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update

GPS entered
SA
1/19/16
SCANNED WTC

COPY
KCC Form U-7 6/84

Conservation Division
District Office No. 1
210 E. Frontview, Suite A
Dodge City, KS 67801



Phone: 620-225-8888
Fax: 620-225-8885
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

January 10, 2017

Rick Schreiber
Richlan Drilling, a General Partnership
598 2ND AVE
BEAVER, KS 67525-9226

Re: Temporary Abandonment
API 15-135-23472-00-01
THOMPSON B 2
NW/4 Sec.31-16S-21W
Ness County, Kansas

Dear Rick Schreiber:

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 February 07, 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 February 07, 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,
Michael Maier
KCC DISTRICT 1