



# 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

<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:**

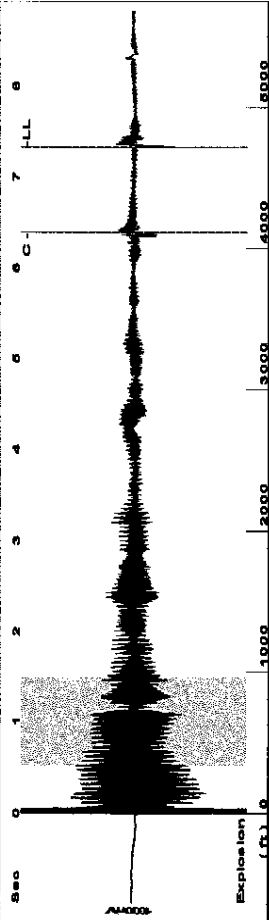
	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
	KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.337.7400
	KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720	Phone 620.432.2300
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550

Group: MyWells Well: Ellis #1-19H (acquired on: 01/04/17 15:01:13)

**NO PRESSURE DATA AVAILABLE**

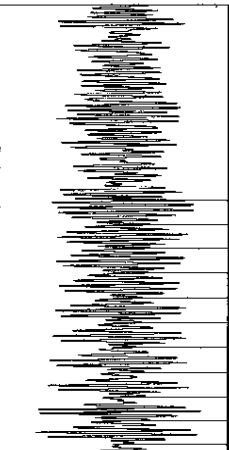
Change in Pressure 0.00 psi PT6974 Range  
 Change in Time 0.00 min 0 - 7 psi

Group: MyWells Well: Ellis #1-19H (acquired on: 01/04/17 15:01:13)



Filter Type High Pass Automatic Collar Count Yes Time 7.329 sec  
 Manual Acoustic Velo 1262.95 ft/s Manual JTS/sec 19.9203 Joints 148.831 Jts  
 Depth 4717.95 ft

0.5 to 1.5 (Sec)



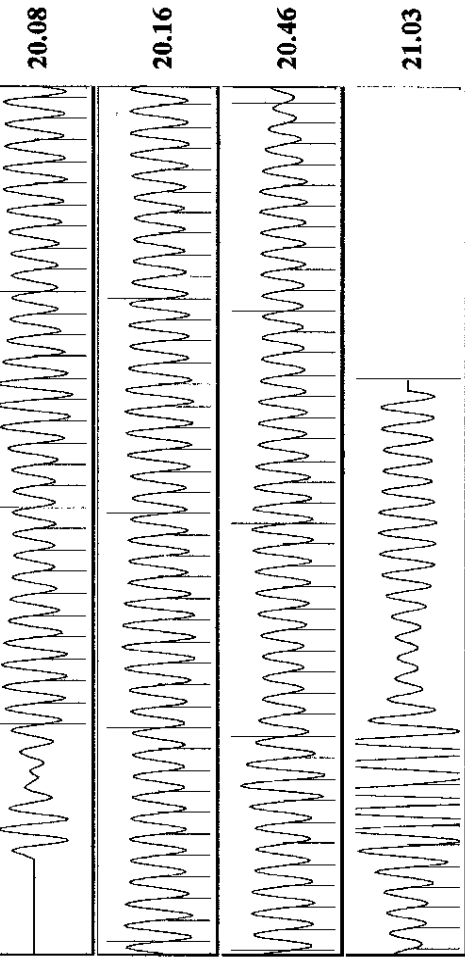
**Analysis Method: Automatic**

Group: MyWells Well: Ellis #1-19H (acquired on: 01/04/17 15:01:13)

Production	Potential	Casing Pressure	Static
Oil 5	-*- BBL/D	412.5 psi (g)	Oil Column Height
Water 300	-*- BBL/D	-1,445 psi	MD 7 ft
Gas 100.0	-*- Mscf/D	0.75 min	Water Column Height
IPR Method	Vogel	Gas/Liquid Interface Pressure	MD 377 ft
PBHP/SBHP	-*-	465.1 psi (g)	Static BHP
Production Efficiency	0.0	Liquid Level Depth	642.1 psi (g)
Oil 40 deg-API		4717.95 ft	
Water 1.07 Sp.Gr.H2O		Pump Intake Depth	
Gas 0.64 Sp.Gr.AIR		5137.00 ft	
Acoustic Velocity	1287.47 ft/s	Formation Depth	
		5120.00 ft	

Acoustic Test

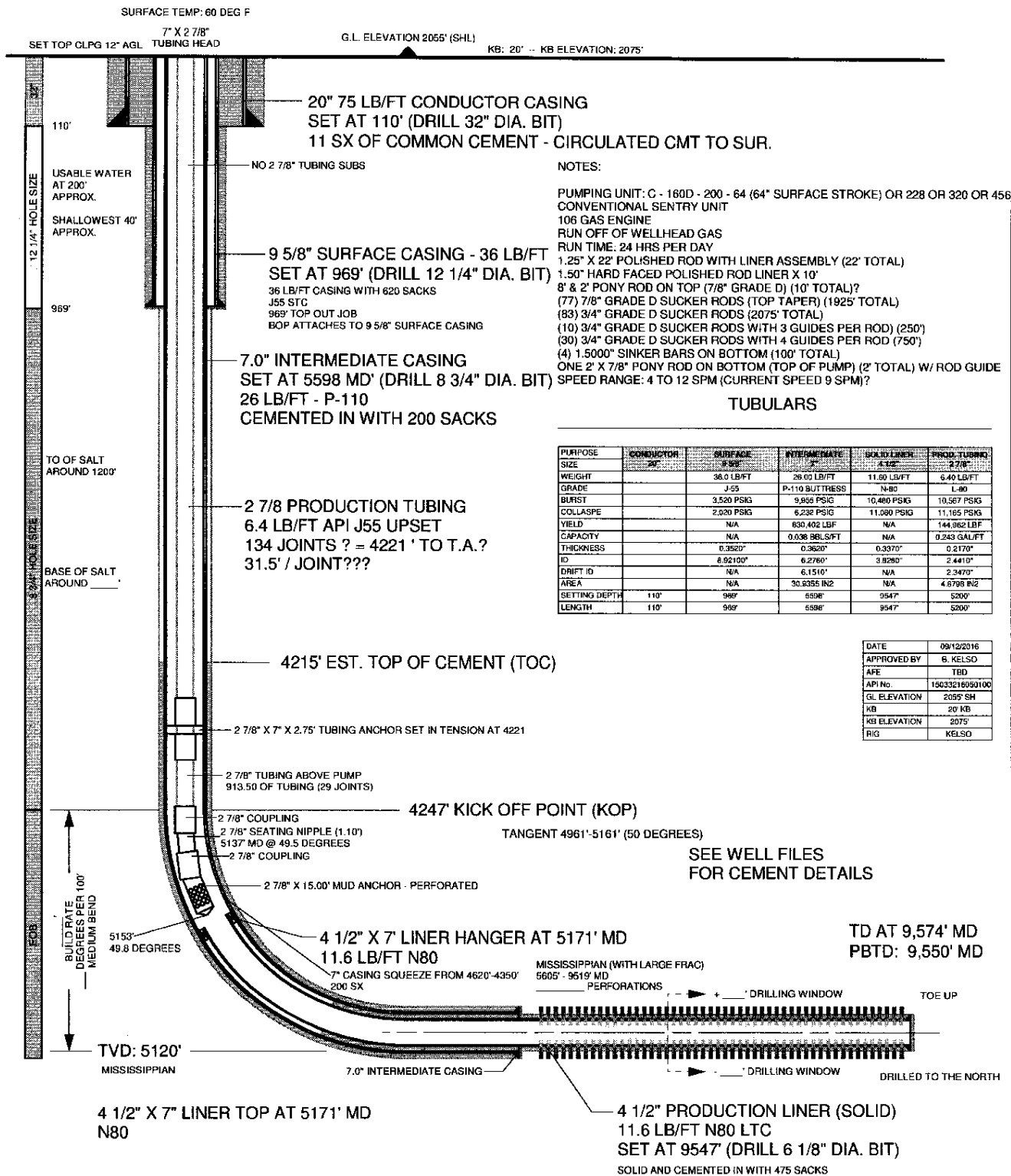
Group: MyWells Well: Ellis #1-19H (acquired on: 01/04/17 15:01:13)



Acoustic Velocity 1287.47 ft/s Joints counted 119  
 Joints Per Second 20.3072 Jts/sec Joints to liquid level 148.831  
 Depth to liquid level 4717.95 ft Filter Width 17.9203  
 Automatic Collar Count Yes Time to 1st Collar 6.392

REVISION:	LOCATION:	WELL No: 1-19H	REV.
	19 - T31S - R19W COMANCHE COUNTY, KANSAS		

**WELL HEAD IN 30' T31S - R19W**



PURPOSE	CONDUCTOR	SURFACE	INTERMEDIATE	SOLID LINER	PROD. TUBING
SIZE	20"	9 5/8"	7"	4 1/2"	2 7/8"
WEIGHT		36.0 LB/FT	26.00 LB/FT	11.50 LB/FT	6.40 LB/FT
GRADE		J-55	P-110 9UT TRESS	N-80	L-80
BLURST		3,520 PSIG	9,835 PSIG	10,480 PSIG	10,567 PSIG
COLLAPSE		2,020 PSIG	6,232 PSIG	11,080 PSIG	11,165 PSIG
YIELD		N/A	630,402 LBF	N/A	144,962 LBF
CAPACITY		N/A	0.038 BBL/SFT	N/A	0.243 GAL/FT
THICKNESS		0.3520"	0.3620"	0.3370"	0.2170"
ID		8.82100"	6.2760"	3.8280"	2.4410"
DRIFT ID		N/A	6.1510"	N/A	2.3470"
AREA		N/A	30.8355 IN <sup>2</sup>	N/A	4.6798 IN <sup>2</sup>
SETTING DEPTH	110'	969'	5598'	9547'	5200'
LENGTH	110'	969'	5586'	9547'	3200'

DATE	09/12/2016
APPROVED BY	B. KELSO
APP	TBD
API No.	15033216050100
GL ELEVATION	2055' SH
KB	20' KB
KB ELEVATION	2075'
RIG	KELSO

**DOWN HOLE SUCKER ROD PUMP:**

2.0000" RWT INSERT PUMP (2.5 X 2 X 16) (130" MAX STROKE)  
PUMP LENGTH: 16" (NICARD AND SS)  
BOTTOM HOLD DOWN TYPE  
TRAVELING BARREL  
2' X 7/8" (D) PONY ROD ON TOP OF PUMP WITH ROD GUIDE  
6" GAS SEPARATOR ON THE BOTTOM  
PUMP INTAKE DEPTH: 5137' (SEATING NIPPLE (50 DEGREES))

**ELLIS #1-19H**  
COMANCHE COUNTY, KANSAS  
19-T31S-R19W - SASSY FIELD  
W2 - 320 GROSS ACRES  
SHL: 200 FSL, 660 FWL (IN SEC 30)  
BHL: 764' FNL, 704' FWL (IN SEC 19)  
API NO.: 15-033-21605-0100

2 7/8" PRODUCTION TUBING  
6.4 LB/FT API J55 UPSET  
GAS LIFT VALVES AND PACKER IN THE HOLE  
SEE WELL FILE

CASING PRESSURE: 470 PSIG  
STATIC F.L.: 4941'



Conservation Division  
266 N. Main St., Ste. 220  
Wichita, KS 67202-1513



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

November 22, 2016

BRUCE D KELSO  
OPCO LLC  
P O BOX 445  
CHASE KS 67524-0445

RE: **Notice to Modify/Amend Injection Permit**  
D-31,362  
Proctor Trust #1 SWD  
Sec. 25-31S-19W  
Comanche County

Dear Mr. Kelso:

This letter acknowledges receipt of the Notice to Modify/Amend Injection Permit (U-9) form for the above-referenced authority. Conservation Division receipt of your letter satisfies the provisions of K.A.R. 82-3-408 (c).

Should you have any questions regarding this matter, please do not hesitate to contact the UIC Department at (316) 337-6200.

Sincerely,

Rene Stucky  
Environmental Program  
(UIC/Production Section)  
Administrator Supervisor

Cc: D. O. #1  
file

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION NOTICE TO MODIFY INJECTION PERMIT

Form U-9  
July 2014  
Form must be Typed  
Form must be Signed  
All blanks must be Filled

- Salt Water Disposal
- Repressuring
- Other Enhanced Recovery

Permit Number: D31362

SW 1/4 Sec. 25 Twp. 31 S. R. 19  East  West

265 Feet from  North /  South Section Line

4646 Feet from  East /  West Section Line

Lease: PROCTOR TRUST

Well#: #1 SWD (15-033-21657-0000)

COMANCHE County, Kansas

Originally granted to: TUG HILL OPERATING, LLC THEN TO LASSO ENERGY LLC

(All information above this line taken from the original permit)

Current Operator: License # 35322 Exp 04/30/17 Contact Person: BRUCE D. KELSO

Company Name: OPCO LLC (As listed on operator license)

Address: 1119 SOUTH MAIN, P.O. BOX 445

Phone: CHASE, KANSAS 67524-0445  
(620) 282-9233

It is requested that the original permit be amended as follows:

- A. Decrease the authorized injection pressure to: \_\_\_\_\_ psi maximum from the current permitted pressure of \_\_\_\_\_ psi.
- B. Decrease the authorized injection rate to: \_\_\_\_\_ bbl/day maximum from the current permitted rate of \_\_\_\_\_ bbl/day.
- C. Add ( XXXXX ) or delete ( \_\_\_\_\_ ) the following leases/facilities supplying produced saltwater or other fluids approved by the Conservation Division.

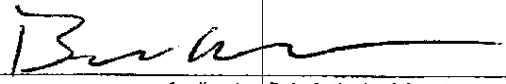
	Company Name	Lease Name	Lease Description
1.	<u>LASSO ENERGY LLC</u>	<u>ELLIS #1-19H</u>	<u>19-T31S-R19W (SEC 30)</u>
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

(Attach additional sheets if necessary)


Received  
KANSAS CORPORATION COMMISSION  
**NOV 21 2016**  
CONSERVATION DIVISION  
WICHITA, KS

Form U-9

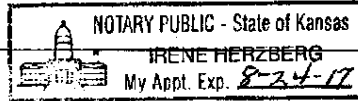
I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

  
 \_\_\_\_\_  
 Applicant or Duty Authorized Agent

Subscribed and sworn to before me this 18 day of NOVEMBER 2016

  
 \_\_\_\_\_  
 Notary Public

My Commission Expires:



**Instructions for Form U-9**

*Notice to Modify Injection Permit*

1. Modifications affecting decreases in injection pressure or rate or the addition or deletion of leases/facilities supplying saltwater or other fluids approved by the Conservation Division ONLY may be submitted on this form. All other injection amendments shall be submitted on Form U-8.
2. Complete the top portion, (side 1) of the form with the information requested for the pilot well, as shown on the original permit.
3. Complete the current operator information, listing the license number, current name and address, contact person and phone number.
4. Fill in the type of modification desired. Leave blank any sections not applicable.
5. This form must be signed by the applicant or an authorized agent. A notarization of this signature is required.

Received  
KANSAS CORPORATION COMMISSION

NOV 21 2016

CONSERVATION DIVISION  
WICHITA, KS

100116\_Ellie\_1\_1911.pdf

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form T-1  
July 2014

Form must be Typed  
Form must be Signed  
All blanks must be Filled

REQUEST FOR CHANGE OF OPERATOR  
TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,  
MUST be submitted with this form.

Check Applicable Boxes:

Oil Lease: No. of Oil Wells 1 \*\*

Gas Lease: No. of Gas Wells 0 \*\*

Gas Gathering System: NONE

Saltwater Disposal Well - Permit No.: NONE

Spot Location: 5071 feet from  N /  S Line  
4336 feet from  E /  W Line

Enhanced Recovery Project Permit No.: NONE

Entire Project:  Yes  No

Number of Injection Wells 0 \*\*

Effective Date of Transfer: 10/01/2016

KS Dept of Revenue Lease No.: 142303 OIL - 233009 GAS *KJR*

Lease Name: ELLIS #1-19H

W2 Sec. 19 Twp. 31 R. 19  E  W

Legal Description of Lease: W2 OF 19-T31S-R19W (HOWEVER WELLHEAD IS LOCATED IN THE NW/4 OF 30-T31S-R19W) 320 GROSS ACRES

County: COMANCHE **Received**  
KANSAS CORPORATION COMMISSION

Production Zone(s): MISSISSIPPIAN **OCT 03 2016**

Injection Zone(s): NONE **CONSERVATION DIVISION**  
WICHITA, KS

Field Name: SASSY  
**\*\*Side Two Must Be Completed.**

Surface Pit Permit No.: NONE  
(API No. if Drill Pit, WO or Haul)

\_\_\_\_\_ feet from  N /  S Line of Section

\_\_\_\_\_ feet from  E /  W Line of Section

Type of Pit:  Emergency  Burn  Settling  Haul-Off  Workover  Drilling

Past Operator's License No. 34192

Past Operator's Name & Address: SandRidge Expl. & Prod., LLC  
123 Robert S. Kerr Ave., OKC, OK 73102

Title: COO

*Doc. - Attached*

Contact Person: John Suter

Phone: 405-429-5500

Date: 11/29/16

Signature: *[Signature]*

New Operator's License No. 34320 ✓

New Operator's Name & Address: LASSO ENERGY LLC  
P.O. BOX 465, 1125 SOUTH MAIN  
CHASE, KANSAS 67524-0465

Title: PRESIDENT

Contact Person: BRUCE D. KELSO **KCC WICHITA**

Phone: 918-633-9655 **DEC 01 2016**

Oil / Gas Purchaser: CHS (OIL), DCP (GAS) **RECEIVED**

Date: 10/01/2016

Signature: *[Signature]*

**Acknowledgment of Transfer:** The above request for transfer of injection authorization, surface pit permit # NONE has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.

\_\_\_\_\_ is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: \_\_\_\_\_ . Recommended action: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature

\_\_\_\_\_ is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.: \_\_\_\_\_ .

Date: \_\_\_\_\_

Authorized Signature

DISTRICT \_\_\_\_\_ EPR 12/1/16 PRODUCTION 12-2-2016 **DEC 02 2016** UIC \_\_\_\_\_

Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_





KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form KSONA-1  
July 2014  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

*This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.*

Select the corresponding form being filed:  C-1 (Intent)  CB-1 (Cathodic Protection Borehole Intent)  T-1 (Transfer)  CP-1 (Plugging Application)

OPERATOR: License # 34320  
Name: LASSO ENERGY LLC  
Address 1: P.O. BOX 465  
Address 2: 1125 SOUTH MAIN  
City: CHASE State: KS Zip: 67524 + 0465  
Contact Person: BRUCE D. KELSO  
Phone: ( 918 ) 633-9655 Fax: ( 620 ) 259-4001  
Email Address: BKELSO@LASSOENERGY.COM

Well Location:  
W2 Sec. 19 Twp. 31 S. R. 19  East  West  
County: COMANCHE  
Lease Name: ELLIS Well #: 1-19H

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*  
**W2 OF 19-T31S-R19W. 320 GROSS ACRES  
MORE OR LESS. HOWEVER WELLHEAD IS  
LOCATED IN NW/4 OF 30-T31S-R19W.**

**Surface Owner Information:**

Name: LARRY L. ELLIS  
Address 1: 777 AVENUE E  
Address 2: -  
City: COLDWATER State: KS Zip: 67029 + 0000

*When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.*


*If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.*

**Select one of the following:**

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

*If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C 1, Form CB 1, Form T 1, or Form CP 1 will be returned.*

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 10/01/2016 Signature of Operator or Agent:  Title: PRESIDENT

**KCC WICHITA**  
**DEC 01 2016**  
**RECEIVED**

Received  
KANSAS CORPORATION COMMISSION  
**OCT 03 2016**  
CONSERVATION DIVISION  
WICHITA, KS

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

MATT BURTON  
Lasso Energy LLC  
PO BOX 465  
1125 SOUTH MAIN  
CHASE, KS 67524-0465

Re: Temporary Abandonment  
API 15-033-21605-01-00  
ELLIS 1-19H  
NW/4 Sec.30-31S-19W  
Comanche County, Kansas

Dear MATT BURTON:

"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 01/10/2018.

- \* 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 01/10/2018.

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

Very truly yours,

Michael Maier"