1330422

Form CP-111 Oct 2016 Form must be Typed Form must be signed

### **TEMPORARY ABANDONMENT WELL APPLICATION**

Form must be signed All blanks must be complete

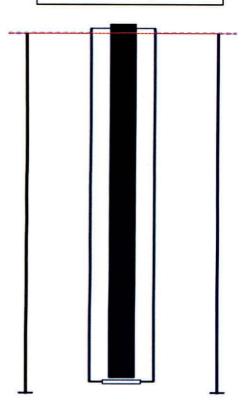
| OPERATOR: License#                           |                              |                     |  | API No. 15-                     |  |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
|--|------------------------------|---------------------|--|---------------------------------|--|-------------------------|-------------|---------|----------|--|------|-----------|---------|----|----------|-------------------------------------|-------|--|--------|--|--|
| Name:  |                              |                     |  | Spot Description:               |  |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
| Address 1:                                   |                              |                     |  |                                 | Sec  | Twp                     | _ S. R      | [       | ΞW       |  |      |           |         |    |          |                                     |       |  |        |  |  |
| Address 2:                                   |                              |                     |  |                                 |  | feet from [             | = =         |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
| City:  |                              |                     |  | feet from E / W Line of Section |  |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
| Contact Person:                              |                              |                     |  | Datum:                          | GPS Location: Lat:, Long:, Long:                       |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
| Phone:( )                                    |                              |                     |  |                                 | County:  |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
|  |                              |                     |  |                                 |  |                         |             |         |          |  | ,    |           |         |    |          | Gas Storage Permit #: Date Shut-In: |       |  |        |  |  |
|  |                              |                     |  |                                 |  |                         |             |         |          |  |      | Conductor | Surface | Pr | oduction | Intermediate                        | Liner |  | Tubing |  |  |
|  |                              |                     |  |                                 |  |                         |             |         |          |  | Size |           |         |    |          |                                     |       |  |        |  |  |
| Setting Depth                                |                              |                     |  |                                 |  |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
| Amount of Cement                             |                              |                     |  |                                 |  |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
| Top of Cement                                |                              |                     |  |                                 |  |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
| Bottom of Cement                             |                              |                     |  |                                 |  |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
| Depth and Type:                              | T. I ALT. II Depth o         | of: DV Tool:(depth  | w /w / | sack                            | s of cement Port                                       | t Collar:(depth)<br>eet |             |         | f cement |  |      |           |         |    |          |                                     |       |  |        |  |  |
| Total Depth:                                 | Plug Ba                      | ck Depth:           |  | Plug Back Meth                  | od:  |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
| Geological Date:                             |                              |                     |  |                                 |  |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
| Formation Name                               | Formation Top Formation Base |                     |  | Completion Information          |  |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
| l  | At:                          | to Fee              | et Perfo                                   | oration Interval                | to I   | Feet or Open Hole In    | iterval     | to      | Feet     |  |      |           |         |    |          |                                     |       |  |        |  |  |
| 2  | At:                          | to Fee              | et Perfo                                   | oration Interval                | to I   | Feet or Open Hole In    | iterval     | to      | Feet     |  |      |           |         |    |          |                                     |       |  |        |  |  |
| INDED DENALTY OF BE                          | D IIIDV I UEDEDV ATTE        | COT THAT THE INCODM | ATION CO                                   | NITAINED HED                    | EIN IS TOLIE AND A                                     | CORRECT TO THE RI       | ECT OF MV I | KNOWI E | DOE      |  |      |           |         |    |          |                                     |       |  |        |  |  |
|  |                              | Submit              | ted Ele                                    | ectronicall                     | у  |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:                 | ested: Results:     |  |                                 | Date Plugged: Date Repaired: Date Put Back in Service: |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
| Review Completed by:                         |                              |                     | Comi                                       | ments:                          |  |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
| TA Approved: Yes                             | Denied Date:                 |                     |  |                                 |  |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
|  |                              | Mail to the Ap      | propriate                                  | KCC Conserv                     | vation Office:   |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |
|  |                              | <u>.</u>            | -  |                                 |  |                         |             |         |          |  |      |           |         |    |          |                                     |       |  |        |  |  |

| these had been not take the and from home and was been been  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.225.8888 |  |
|--|--|--------------------|--|
| 100 100 100 100 100 100 100 100 100 100  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |  |
| The contract of the contract o | 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 |  |



# Z Bar Ranch #1-17 01/26/2017 10:12:29AM

### Producing Shot Manual Input

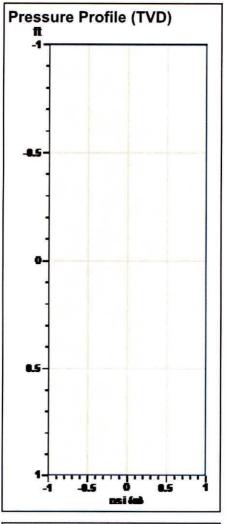


### **Manually Entered Production**

Liquid Level \*.\* ft
Percent Liquid 100.00%

# Static Bottomhole Pressure \*.\* psi (g) @ \*.\* ft

Static Liquid Level 4744 ft
Oil Column Height \*.\* ft
Water Column Height

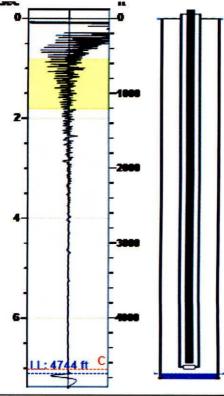


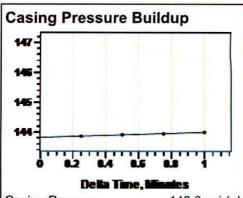
# Well Test Oil \*.\* BBL/D Water \*.\* BBL/D

# Comments and Recommendations

Static test taken for TA well.

#### Static Shot 01/26/2017 10:12:29AM





Casing Pressure Buildup Buildup Time Gas Gravity 143.8 psi (g) 0.2 psi (g) 1 min 0 sec

### Casing Pressure

Pressure 143.8 psi (g)

#### **Annular Gas Flow**

Gas Flow \*.\* Mscf/D

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



Phone: 620-682-7933 http://kcc.ks.gov/

Sam Brownback, Governor

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

January 31, 2017

Mindy Wooten Trek AEC, LLC 200 W DOUGLAS, SUITE 101 WICHITA, KS 67202

Re: Temporary Abandonment API 15-007-21198-00-00 Z-BAR RANCH 17-1-A SW/4 Sec.17-34S-14W Barber County, Kansas

#### Dear Mindy Wooten:

"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 01/31/2018.

- \* 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 01/31/2018.

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

Very truly yours,

Michael Maier"