KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION** 

Form CP-111 Oct 2016 Form must be Typed Form must be signed All blanks must be complete

1331867

## **TEMPORARY ABANDONMENT WELL APPLICATION**

| OPERATOR: License#                              |  |                    |               | API No. 15-                  |                 |              |                |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
|---|--|--------------------|---------------|------------------------------|-----------------|--------------|----------------|-----------|----|---------|-----------------------|--|--|--|--------------|-----------------|---------|-----------|-------|-------|--|--|
| Name:   |  |                    |               | Spot Descr                   | iption:         |              |                |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
| Address 1:                                      |  |                    |               |                              | Se              | c ·          | Twp            | _ S. R.   |    | _ 🗌 E [ | W                     |  |  |  |              |                 |         |           |       |       |  |  |
| Address 2:                                      |  |                    |               |                              |                 |              |                |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
| City:   Zip:  +     Contact Person:    Phone:() |  |                    |               |                              |                 |              |                |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
|   |  |                    |               |                              |                 |              |                |           |    |         | Contact Person Email: |  |  |  |              | e:              |         |           |       |       |  |  |
|   |  |                    |               |                              |                 |              |                |           |    |         | Field Contact Person: |  |  |  | Well Type: ( | (check one) 🗌 C | Dil Gas | ] og 🗌 ws | w 🗌 o | ther: |  |  |
| Field Contact Person Phon                       |  |                    |               | SWD Permit #: ENHR Permit #: |                 |              |                |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
|   |  |                    |               |                              | orage Permit #: |              |                |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
|   |  |                    |               | Spud Date:                   |                 |              | Date Shut-Ir   | n:        |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
|   | Conductor                                | Surface            | Pro           | duction                      | Intermedia      | ite          | Liner          |           |    | Tubing  |                       |  |  |  |              |                 |         |           |       |       |  |  |
| Size  |  |                    |               |                              |                 |              |                |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
| Setting Depth                                   |  |                    |               |                              |                 |              |                |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
| Amount of Cement                                |  |                    |               |                              |                 |              |                |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
| Top of Cement                                   |  |                    |               |                              |                 |              |                |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
| Bottom of Cement                                |  |                    |               |                              |                 |              |                |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
| Casing Fluid Level from Su                      | rface:                                   | Ho                 | w Determined? |                              |                 |              |                | Date      | e: |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
| Casing Squeeze(s):                              | to w                                     | / sacks            |               |                              |                 |              |                |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
| Do you have a valid Oil & O                     | Bas Lease? Yes                           | No                 |               |                              |                 |              |                |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
| Depth and Type: Unk                             | in Hole at                               | Tools in Hole at _ | Ca            | sing Leaks:                  | Yes No          | Depth of cas | ing leak(s): _ |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
| Type Completion:                                |  |                    |               |                              |                 |              |                |           |    |         | ement                 |  |  |  |              |                 |         |           |       |       |  |  |
| Packer Type:                                    |  | (                  | . ,           |                              |                 |              | (deptri)       |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
| Total Depth:                                    | Plug Back Depth:                         |                    |               | Plug Back Method:            |                 |              |                |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
| Geological Date:                                |  |                    |               |                              |                 |              |                |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
| Formation Name                                  | hation Name Formation Top Formation Base |                    | se            | Completion Information       |                 |              |                |           |    |         |                       |  |  |  |              |                 |         |           |       |       |  |  |
| 1   | At:                                      | to                 | Feet Perfo    | ration Interval              | to              | Feet or      | Open Hole Ir   | nterval_  | t  | to      | _Feet                 |  |  |  |              |                 |         |           |       |       |  |  |
| 2   | At:                                      | to                 | Feet Perfo    | ration Interval -            | to              | Feet or      | Open Hole Ir   | nterval _ | t  | to      | _Feet                 |  |  |  |              |                 |         |           |       |       |  |  |
|   |  |                    |               |                              |                 |              |                | EOT AE    |    |         | •=                    |  |  |  |              |                 |         |           |       |       |  |  |

## Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 I                       | Denied Date: |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

| None tools lose one rate on and field many made and the lose | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.225.8888 |
|--|--|--------------------|
| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$        | 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 |
| Anno have been been been been been been been be              | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.625.0550 |



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

Pat Apple, Chairman Shari Feist Albrecht, Commissioner Jay Scott Emler, Commissioner Sam Brownback, Governor

February 07, 2017

BRIAN J MCCOY Edison Operating Company LLC 8100 E. 22ND ST. N., BLDG 1900 WICHITA, KS 67226

Re: Temporary Abandonment API 15-055-21455-00-00 HIBBERT 2 S/2 Sec.25-24S-31W Finney County, Kansas

Dear BRIAN J MCCOY:

"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 02/07/2018.

\* 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 02/07/2018.

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

Very truly yours,

Michael Maier"