1335902

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

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

| OPERATOR: License# | | | | API No. 15- | | | | | | | | | | | | | | | | |
|--|---------------------|--------------------|---------------|-------------------|------------------|----------------------|-----------|------------------|-------------|---------------------------------|-----------|---------|-----|---------|-------------------------------------|-------|--|--------|--|--|
| Name: | | | | Spot Description: | | | | | | | | | | | | | | | | |
| Address 1: | | | | | Sec | Twp | S. R | E | \square W | | | | | | | | | | | |
| Address 2: | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Field Contact Person Phone: () | | | | | SWD Permit #: ENHR Permit #: | | | | | |
| | | | | | | | | | | , | | | | | Gas Storage Permit #: Date Shut-In: | | | | | |
| | | | | | | | | | | | Conductor | Surface | Pro | duction | Intermediate | Liner | | Tubing | | |
| | | | | | | | | | | Size | | | | | | | | | | |
| Setting Depth | | | | | | | | | | | | | | | | | | | | |
| Amount of Cement | | | | | | | | | | | | | | | | | | | | |
| Top of Cement | | | | | | | | | | | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | | | | | | | | | | | |
| Do you have a valid Oil & Ga Depth and Type: | n Hole at | Tools in Hole at | w / _ Inch | sacks | s of cement Port | Collar:(depth) et | | | cement | | | | | | | | | | | |
| Formation Name | Formation | Top Formation Base | | | Completio | n Information | | | | | | | | | | | | | | |
| 1 | | | | | to F | · | | | | | | | | | | | | | | |
| 2 | At: | to Feet | Perfo | ration Interval - | to F | eet or Open Hole | Interval | to | _Feet | | | | | | | | | | | |
| LINDED DENALTY OF BED | IIIDV I UEDEDV ATTE | | | ctronically | | OBBECTTOTUE | DEST OF M | IN NIOWI ED | CE | | | | | | | | | | | |
| Do NOT Write in This Space - KCC USE ONLY | Date Tested: | l: Results: | | | Date Plugged: | Date Repaired: | Date Put | : Back in Servic | e: | | | | | | | | | | | |
| Review Completed by: | | | Comm | nents: | | | | | | | | | | | | | | | | |
| TA Approved: Yes | Denied Date: | | | | | | | | | | | | | | | | | | | |
| | | Mail to the App | ropriate I | KCC Conserv | ration Office: | | | | | | | | | | | | | | | |

| 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 |

Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-625-0550 Fax: 785-625-0564 http://kcc.ks.gov/

Sam Brownback, Governor

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

February 16, 2017

Ronald Nickelson Ron's Oil Operations Inc 1889 200TH AVE PENOKEE, KS 67659-2036

Re: Temporary Abandonment API 15-065-23380-00-00 BEAN 1-7 NE/4 Sec.07-09S-24W Graham County, Kansas

Dear Ronald Nickelson:

Your application for Temporary Abandonment (TA) for the above-listed well is denied for the following reasons(s):

Wireline test / fluid level test must be witnessed

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by March 16, 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, Richard Williams KCC DISTRICT 4