1348023

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 / _<br>Inch | sacks             | s of cement Port | Collar:(depth)<br>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<br>Space - KCC USE ONLY | Date Tested:        | 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:   |                      |           |                  |             |                                 |           |         |     |         |                                     |       |  |        |  |  |

| Notes took took too too too to an Anne party took took took  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.225.8888 |
|--|--|--------------------|
| Name      | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| The state of the s | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                      | Phone 620.432.2300 |
| Same Street Street State State State State Street S | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.625.0550 |

Conservation Division District Office No. 2 3450 N. Rock Road Building 600, Suite 601 Wichita, KS 67226



Phone: 316-337-7400 Fax: 316-630-4005 http://kcc.ks.gov/

Sam Brownback, Governor

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

March 13, 2017

DALE R. OHL Smith, Richard E. dba Smith Oil Operations 410 N. ADAMS PO BOX 550 HUTCHINSON, KS 67504-0550

Re: Temporary Abandonment API 15-159-21682-00-00 WEBER 1 SW/4 Sec.19-20S-10W Rice County, Kansas

## Dear DALE R. OHL:

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

## **High Fluid Level**

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by April 10, 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, Virgil Clothier KCC DISTRICT 2