



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

| | | | | | |
|---|--|----------------|---------------------|----------------------|---------------------------------|
| Do NOT Write in This Space - KCC USE ONLY | 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 620.682.7933 |
| | 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 785.261.6250 |

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/>

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

Sam Brownback, Governor

May 02, 2017

Tripp Markwell
ELM III Operating Company LLC
1249 E. 33RD
EDMOND, OK 73013

Re: Temporary Abandonment
API 15-191-10964-00-00
GURLEY 8
NE/4 Sec.06-35S-01E
Sumner County, Kansas

Dear Tripp Markwell:

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 May 30, 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,
Dan Fox
KCC DISTRICT 2

Leurley #8
ING PRESSURE.....
.....
.....

JOINTS TO LIQUID.....
DISTANCE TO LIQUID.....
PBHP.....
SBHP.....
PROD RATE EFF, %.....
MAX PRODUCTION.....

QUIET WELL
LOWER COLLARS M: 3.4
P-P 0.005 mV

GENERATE PULSE

ECHOMETER COMPANY PHONE-940-767-4334

Leurley #12
PRESSURE.....
.....
.....
ON RATE.....

JOINTS TO LIQUID.....
DISTANCE TO LIQUID.....
PBHP.....
SBHP.....
PROD RATE EFF, %.....
MAX PRODUCTION.....

03/24/2017 09:43:02
LOWER COLLARS M: 5.3
P-P 0.780 mV
LIQUID LEVEL M: 8.6
P-P 1.57 mV

GENERATE PULSE
11.6 VOLTS

ECHOMETER COMPANY PHONE-940-767-4334

Leurley #3
PRESSURE.....
.....
.....
TION RATE.....

JOINTS TO LIQUID.....
DISTANCE TO LIQUID.....
PBHP.....
SBHP.....
PROD RATE EFF, %.....
MAX PRODUCTION.....

03/24/2017 10:02:46
QUIET WELL
LOWER COLLARS M: 5.9
P-P 0.030 mV
LIQUID LEVEL M: 8.6
P-P 0.555 mV

GENERATE PULSE
11.6 VOLTS

ECHOMETER COMPANY PHONE-940-767-4334

Leurley #5
ING PRESSURE.....
.....
.....
DUCTION RATE.....

JOINTS TO LIQUID.....
DISTANCE TO LIQUID.....
PBHP.....
SBHP.....
PROD RATE EFF, %.....
MAX PRODUCTION.....

03/24/2017 09:53:36
QUIET WELL
LOWER COLLARS M: 3.9
P-P 0.011 mV
LIQUID LEVEL M: 8.6

GENERATE PULSE
11.6 VOLTS

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