



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

FILE COPY

DOCKET# T/A # 4180

CASING MECHANICAL INTEGRITY TEST

Disposal Well Enhanced Recovery:
Repressuring
Flood
Tertiary

Date injection started
API #15- 009-25121-00-00

SWNE NW, Sec 8, T 20 S, R 13 E/W

4520 Feet from South Section Line

3300 Feet from East Section Line

Lease Nicolet Trust Well # 1-9

County Barton

Operator: F.G. Holl Co. LLC Operator License# 5056

Name &

Address 9431 E Central St 100 Contact Person Rob Long

Wichita, KS 67206 Phone 620-793-0915

Max. Auth. Injection Press _____ Psi; Max Inj. Rate _____ bbl/d;

If Dual Completion - Injection above production _____ Injection below production _____

Table with columns: Conductor, Surface, Production, Liner, Tubing, Size, Set at, Cement Top, Bottom, Type. Includes handwritten values like 8 3/8, 759', 4 1/2, 3668', etc.

DV/Perf. _____ TD (and plug back) 3675' (3440' CIBP) ft. depth

Packer type _____ Size _____ Set at _____

Zone of injection 3500' ft. to ft. 3511' Perf. or open hole

Type MIT: Pressure: 02 Radioactive Tracer Survey: _____ Temperature Survey: _____

F Time: Start 0 Min 15 Min 30 Min

I E Pressures: 340 340 340 Set up 1 System Pres. during test _____

L D _____ Set up 2 Annular Pres. during test _____

D A _____ Set up 3 Fluid loss during test _____ bbls.

T A Tested: Casing _____ or Casing - Tubing Annulus _____

The bottom of the tested zone in shut in with a CIBP

Test Date 2/20/17 Using Bob's Oil Service Company's Equipment

The operator hereby certifies that the zone between 0 feet and 3440 feet

was the zone tested [Signature] Rob Long field Supt Title

The results were Satisfactory X Marginal _____ Not Satisfactory _____

State Agent: Bruce Rodie Title: PIRT II Witness: YES X NO _____

REMARKS: _____

KCC Oorigin. Conservation Div.: _____ KDHE/T: 04 Dist. Office

Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N) _____

GPS Lat 38.33133 GPS Long -098.78602 (If YES please describe in REMARKS) KCC Form U-7

4508 FSL 3367 FEL

June 07, 2017

Loveness Mpanje
F. G. Holl Company L.L.C.
9431 E CENTRAL STE 100
WICHITA, KS 67206-2563

Re: Temporary Abandonment
API 15-009-25121-00-00
NICOLET TRUST 1-8
NW/4 Sec.08-20S-13W
Barton County, Kansas

Dear Loveness Mpanje:

"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 06/07/2018.

- * 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 06/07/2018.

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

Very truly yours,

RICHARD WILLIAMS "