KANSAS CORPORATION COMMISSION

 $O{\sf IL} \And G{\sf AS} CONSERVATION DIVISION$ 

Form CP-111 March 2017 Form must be Typed Form must be signed All blanks must be complete

1361787

## **TEMPORARY ABANDONMENT WELL APPLICATION**

| OPERATOR: License#<br>Name:<br>Address 1: |                              |             |               | API No. 15 |                        |                |             |                |           |       |       |
|---|------------------------------|-------------|---------------|------------|------------------------|----------------|-------------|----------------|-----------|-------|-------|
|   |                              |             |               |            | Spot Description:      |                |             |                |           |       |       |
|   |                              |             |               |            | Sec Twp S. R E W       |                |             |                |           |       |       |
| Address 2:                                |                              |             |               |            |                        |                |             |                |           |       |       |
| City:                                     | State:                       | Zip:        | +             |            |                        |                |             |                |           |       |       |
| Contact Person:                           |                              |             |               |            |                        |                |             |                |           |       |       |
| Phone:()                                  |                              |             |               |            |                        |                |             |                |           | [     | GL 🛛  |
| Contact Person Email:                     |                              |             |               |            |                        | e:             |             |                |           |       |       |
| Field Contact Person:                     |                              |             |               |            | Well Type: (           | check one) 🗌   | Oil Gas     | OG WS          | w 🗌 o     | ther: |       |
| Field Contact Person Phon                 |                              |             |               |            |                        | ermit #:       |             |                | R Permit  | #:    |       |
|   | //                           |             |               |            |                        | rage Permit #: |             |                |           |       |       |
|   |                              |             |               |            | Spud Date:             |                |             | _ Date Shut-   | n:        |       |       |
|   | Conductor                    | Surfa       | ace           | Pro        | duction                | Intermed       | iate        | Liner          |           | Т     | ubing |
| Size                                      |                              |             |               |            |                        |                |             |                |           |       |       |
| Setting Depth                             |                              |             |               |            |                        |                |             |                |           |       |       |
| Amount of Cement                          |                              |             |               |            |                        |                |             |                |           |       |       |
| Top of Cement                             |                              |             |               |            |                        |                |             |                |           |       |       |
| Bottom of Cement                          |                              |             |               |            |                        |                |             |                |           |       |       |
| Casing Fluid Level from Su                | Irface:                      |             | How Dete      | ermined?   |                        |                |             |                | Date      | e:    |       |
| Casing Squeeze(s):                        | b) to w                      | /           | sacks of cerr | ient,      | to                     | (bottom) w /   |             | sacks of cem   | ent. Dat  | e:    |       |
| Do you have a valid Oil & O               | Gas Lease? 🗌 Yes             | No          |               |            |                        |                |             |                |           |       |       |
| Depth and Type: Unk                       | in Hole at                   | Tools in Ho | ole at        | Cas        | ing Leaks:             | Yes No         | Depth of ca | asing leak(s): |           |       |       |
| Type Completion:                          |                              |             |               |            |                        |                |             |                |           |       |       |
| Packer Type:                              |                              |             |               |            |                        |                |             | (depui)        |           |       |       |
| Total Depth:                              | Plug Back Depth:             |             |               | F          | _ Plug Back Method:    |                |             |                |           |       |       |
| Geological Date:                          |                              |             |               |            |                        |                |             |                |           |       |       |
| Formation Name                            | Formation Top Formation Base |             |               |            | Completion Information |                |             |                |           |       |       |
| 1   | At:                          | to          | Feet          | Perfor     | ation Interval _       | to             | Feet or     | Open Hole I    | nterval_  | to    | DFe   |
| 2   | At:                          | to          | Feet          | Perfor     | ation Interval -       | to             | Feet o      | Open Hole I    | nterval _ | to    | οFε   |
|   |                              |             |               |            |                        |                |             |                |           |       |       |

## 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:

| There first time are take and and finite sume many time time | 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 |  |



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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

August 07, 2017

Michael Novy Novy Oil & Gas, Inc. PO BOX 559 GODDARD, KS 67052-0559

Re: Temporary Abandonment API 15-155-21576-00-00 Diana 1 SW/4 Sec.17-22S-08W Reno County, Kansas

Dear Michael Novy:

"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 08/07/2018.

\* 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 08/07/2018.

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

Very truly yours,

BJ Hope"