

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: _____ (e.g. xx.xxxxxx) Long: _____ (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84County: _____ 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): (top) to (bottom) w / _____ sacks of cement, (top) to (bottom) w / _____ sacks of cement. Date: _____Do you have a valid Oil & Gas Lease? Yes NoDepth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement

Packer Type: _____ Size: _____ Inch Set at: _____ Feet

Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

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 - 137 E. 21st St., Chanute, KS 66720	Phone 620.902.6450
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.261.6250

FIELD: DGlaciel

LEASE:

WELL NUMBER: 9-20-017

DATE:

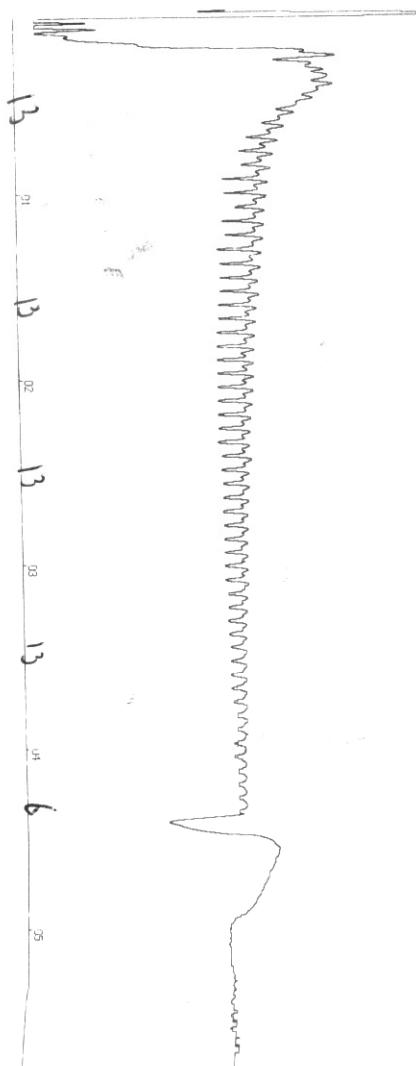
SAGE TECHNOLOGIES, INC.
ACOUSTIC FLUID LOGGER

COMMAND: 4CSTAR

58 points

SN: 201202005

BATTERY: +12.5 VOLTS 1769 from
surface



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



Phone: 785-261-6250
Fax: 785-625-0564
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

September 27, 2017

Michael Petermann
LB Exploration, Inc.
2135 2ND RD
HOLYROOD, KS 67450-9021

Re: Temporary Abandonment
API 15-009-26036-00-00
DOLECHEK 1
NE/4 Sec.22-16S-14W
Barton County, Kansas

Dear Michael Petermann:

"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 09/27/2018.

- * 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 09/27/2018.

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

Very truly yours,

RICHARD WILLIAMS"