

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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.
feet from N / S Line of Section
feet from E / W Line of Section
GPS Location: Lat: , Long:
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:

Table with 7 columns: Conductor, Surface, Production, Intermediate, Liner, Tubing. Rows include 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:
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):
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 Data:

Table with 4 columns: Formation Name, Formation Top, Formation Base, Completion Information. Rows 1 and 2.

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: Yes Denied Date:

Mail to the Appropriate KCC Conservation Office:

Table with 3 columns: District Office #, Address, Phone. Rows 1-4.

CASING MECHANICAL INTEGRITY TEST

DOCKET# E-21420.1

Disposal Well Enhanced Recovery
 Repressuring
 Flood
 Tertiary

SW, Sec 25, T 22 S, R 9 (E)W

660 Feet from South Section Line

4830 Feet from East Section Line

Date injection started _____
 API #15- 017-19020-00-01

Lease Leedy Well # 5
 County Chase

Operator: Three Rivers Exploration

Operator License# 33217

Name & Address 538 Road 20

Contact Person David Farthing

Olpe, KS 66865

Phone (620) 344-4548

Max. Auth. Injection Press 100 Psi; Max Inj. Rate 200 bbl/d;

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

| | Conductor | Surface | Production | Liner | Tubing |
|------------|-----------|-------------|----------------------|-------|----------------------------|
| Size | | <u>7"</u> | <u>4 1/2"</u> | | Size <u>2 3/8"</u> |
| Set at | | <u>216'</u> | <u>2528'</u> | | Set at <u>2468'</u> |
| Cement Top | | <u>0'</u> | <u>2178' Squares</u> | | Type <u>Plastic-limbed</u> |
| " Bottom | | <u>216'</u> | <u>2528'</u> | | Seal type _____ |

DV/Perf. 2007 Cement squeeze record attached TD (and plug back) 2560 ft. depth

Packer type Baker AD-1 Size 2 3/8" x 4 1/2" Set at 2468'

Zone of injection Barthesville ft. to ft. 2528-2560 Perf. or open hole Open Hole

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

F Time: Start 10 Min 20 Min 30 Min

I Pressures: 120 120 120 Set up 1 System Pres. during test 0 psi
 L 120 psi Set up 2 Annular Pres. during test 120 psi
 D Set up 3 Fluid loss during test - bbls.

T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone in shut in with Packer

Test Date 12/21/2017 Using Company Tools Company's Equipment _____

The operator hereby certifies that the zone between 0 feet and 2468 feet

was the zone tested David Farthing Signature Title

The results were Satisfactory Marginal _____ Not Satisfactory _____

State Agent: Jon Hill Title: ECRS Witness: YES NO _____

REMARKS: Backside filled w/ treated fluid. Pressured w/ Argon. 5yr. Test cycle

Origin. Conservation Div.: KDHE/T: Dist. Office

Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N) No

GPS Lat 38.10305 GPS Long -96.37091

(If YES please describe in REMARKS)
 KCC Form U-7

WGS 84 = 1032' FSL NW-NW-SE-SW
 3711' FEL

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/>

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

Sam Brownback, Governor

January 23, 2018

David Farthing
Three Rivers Exploration, LLC
538 ROAD 20
OLPE, KS 66865-9350

Re: Temporary Abandonment
API 15-017-19020-00-01
LEEDY 5
SW/4 Sec.25-22S-09E
Chase County, Kansas

Dear David Farthing:

"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 01/23/2019.

- * 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 01/23/2019.

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

Very truly yours,

Jonathan Hill"