KOLAR Document ID: 1387258

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

July 2017
Form must be Typed
Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

| ODEDATOR: License#   |                     |                           |            | ADI No. 15                     |                           |                      |                         |
|--|---------------------|---------------------------|------------|--------------------------------|---------------------------|----------------------|-------------------------|
| OPERATOR: License#   |                     |                           |            | API No. 15-  Spot Description: |                           |                      |                         |
| Address 1:   |                     |                           |            |                                | •                         |                      | R DE W                  |
| Address 2:   |                     |                           |            |                                |                           |                      | I / S Line of Section   |
|  |                     |                           |            |                                |                           |                      | / W Line of Section     |
| City:         +  |                     |                           |            | GPS Location: Lat:, Long:      |                           |                      |                         |
|  |                     |                           |            |                                | NAD27 NAD83               |                      |                         |
| Phone:()   |                     |                           |            |                                | Ele                       |                      | GL KB                   |
| Contact Person Email:  |                     |                           |            |                                |                           |                      | Other:                  |
| Field Contact Person:  |                     |                           |            |                                | ermit #:                  |                      |                         |
| Field Contact Person Phone                                   | <del>3</del> :()    |                           |            |                                | orage Permit #:           |                      |                         |
|  |                     |                           |            | Spud Date:                     |                           | Date Shut-In:        |                         |
|  | Conductor           | Surface                   | Pro        | oduction                       | Intermediate              | Liner                | Tubing                  |
| Size   |                     |                           |            |                                |                           |                      |                         |
| Setting Depth  |                     |                           |            |                                |                           |                      |                         |
| Amount of Cement   |                     |                           |            |                                |                           |                      |                         |
| Top of Cement  |                     |                           |            |                                |                           |                      |                         |
| Bottom of Cement   |                     |                           |            |                                |                           |                      |                         |
| Casing Fluid Level from Sur                                  | face:               | How Do                    | atermined? | 1                              |                           | r                    | Oato:                   |
| -  |                     |                           |            |                                |                           |                      |                         |
| Casing Squeeze(s):   | (bottom)            |                           |            | (top)                          | (bottom)                  | danc or comoni. I    |                         |
| Do you have a valid Oil & G                                  | as Lease? Yes       | ] No                      |            |                                |                           |                      |                         |
| Depth and Type:  | n Hole at           | Tools in Hole at          | Ca         | sing Leaks:                    | Yes No Depth of           | casing leak(s):      |                         |
| Type Completion: ALT.  |                     |                           |            |                                |                           |                      |                         |
| Packer Type:   |                     |                           |            |                                |                           | , , ,                |                         |
| Total Depth:   | Plug Bac            | k Depth:                  |            | Plug Back Meth                 | od:                       |                      |                         |
| Geological Date:   |                     |                           |            |                                |                           |                      |                         |
| Formation Name   | Formation -         | Ton Formation Base        |            |                                | Completion Ir             | formation            |                         |
|  | ·                   |                           |            |                                |                           |                      | al to Feet              |
| 2  |                     | to Fee<br>to Fee          |            |                                |                           |                      | altoFeet                |
| Σ  | /nt                 | 10 1 66                   | 1 6110     | nation interval                | 10                        | or open note interve | 101 661                 |
| IINDED DENALTY OF DED  | IIIDV I UEDEDV ATTE | PT TUAT TUE INCODM        | ATION CO   | NTAINED HEE                    | EIN ICTUIE AND COD        | DECTTO THE DEST      | OE MV KNOW! EDGE        |
|  |                     | Submit                    | ted Ele    | ctronicall                     | V                         |                      |                         |
|  |                     |                           |            |                                | ,                         |                      |                         |
|  |                     |                           |            |                                |                           |                      |                         |
| Do NOT Write in This   | Date Tested:        | F                         | Results:   |                                | Date Plugged:             | Date Repaired: Date  | te Put Back in Service: |
| Space - KCC USE ONLY   |                     |                           |            |                                |                           |                      |                         |
| Review Completed by:   |                     |                           | Comr       | nents:                         |                           |                      |                         |
| TA Approved: Yes   | Denied Date:        |                           |            |                                |                           |                      |                         |
|  |                     | Mail to the App           | oropriate  | KCC Conserv                    | vation Office:            |                      |                         |
| Depart State State State State State State State State State | KCC Distri          | ct Office #1 - 210 E. Fro |            |                                |                           |                      | Phone 620.682.7933      |
|  | KCC Distri          | ct Office #2 - 3450 N. R  | lock Road. | Building 600.                  | Suite 601, Wichita, KS 67 | 7226                 | Phone 316.337.7400      |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

## ECHOMETER COMPANY PHONE-940-767-4334

| MAX PRODUCTION LIQUID LEVEL | WELL CASING PRESSURE DISTANCE TO LIQUID 47 (31.14 43) it) QUIET WELL  AP  PBHP SBHP PRODUCTION RATE PROD RATE EFF, ; |
|-----------------------------|--|
| D LEVEL                     | 02/06/2018 11<br>QUIET WELL<br>LOWER COLLARS A<br>P-P 0.030 mV   |
| <u></u>                     |  |
| A: 6.4                      | 11:07:06<br>A: 9.8   |
| 12, 8                       | GENERA   |

P

0.098 mV

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



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

Governor Jeff Colyer, M.D.

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

February 09, 2018

Dan Nixon R. P. Nixon Operations, Inc 207 W 12TH HAYS, KS 67601-3810

Re: Temporary Abandonment API 15-051-21618-00-01 ALEXIA 1 SW/4 Sec.04-13S-16W Ellis County, Kansas

## Dear Dan Nixon:

- "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 02/09/2019.
- \* 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 02/09/2019.

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

Very truly yours,

**RICHARD WILLIAMS** "