

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. \_\_\_\_\_ E \_\_\_\_\_ W \_\_\_\_\_
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 Date:

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.

# STATE OF KANSAS

CORPORATION COMMISSION  
CONSERVATION DIVISION  
DISTRICT No. 1  
210 E. FRONTVIEW, SUITE A  
DODGE CITY, KS 67801



PHONE: 620-682-7933  
<http://kcc.ks.gov/>

GOVERNOR JEFF COLYER, M.D.

SHARI FEIST ALBRECHT, CHAIR | JAY SCOTT EMLER, COMMISSIONER | DWIGHT D. KEEN, COMMISSIONER

January 02, 2019

6202131029  
Hummon Corporation  
PO BOX 365  
MEDICINE LODGE, KS 67104-0365

Re: Temporary Abandonment  
API 15-025-20215-00-00  
HARPER RANCH 2  
NW/4 Sec.04-34S-21W  
Clark County, Kansas

Dear 6202131029:

"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 01/02/2020.

- \* 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 01/02/2020.

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

Very truly yours,

Michael Maier"