



TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

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

	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): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
(top) (bottom) (top) (bottom)
 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): _____
(depth) (depth)
 Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)
 Packer Type: _____ Size: _____ Inch Set at: _____ Feet
 Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

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: Yes 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

ECHOMETER MODEL M V3.1.3
SERIAL NO: 6987
ECHOMETER COMPANY
5001 DITTO LANE
WICHITA FALLS, TEXAS 76302
PHONE 940 - 767 - 4334
FAX 940 - 723 - 7507
E-MAIL INFO@ECHOMETER.COM

POWER ON
SELF TEST

PASS
REF 1.250 V

BATTERY
12.0 VOLTS

TURN
ON
CHART
DRIVE
TO
TEST
WELL

ECHOMETER COMPANY PHONE-940-767-4334

WELL	<i>Sully 1-6</i>	JOINTS TO LIQUID	<i>54</i>
CASING PRESSURE	.....	DISTANCE TO LIQUID	<i>1685</i>
ΔP	.....	PBHP	.....
ΔT	.....	SBHP	.....
PRODUCTION RATE	.....	PROD RATE EFF, %	.....
		MAX PRODUCTION	.....

ECHOMETER COMPANY PHON

/31/2017 11:00:01
IET WELL
PER COLLARS A: 8.3
P 0.131 mV

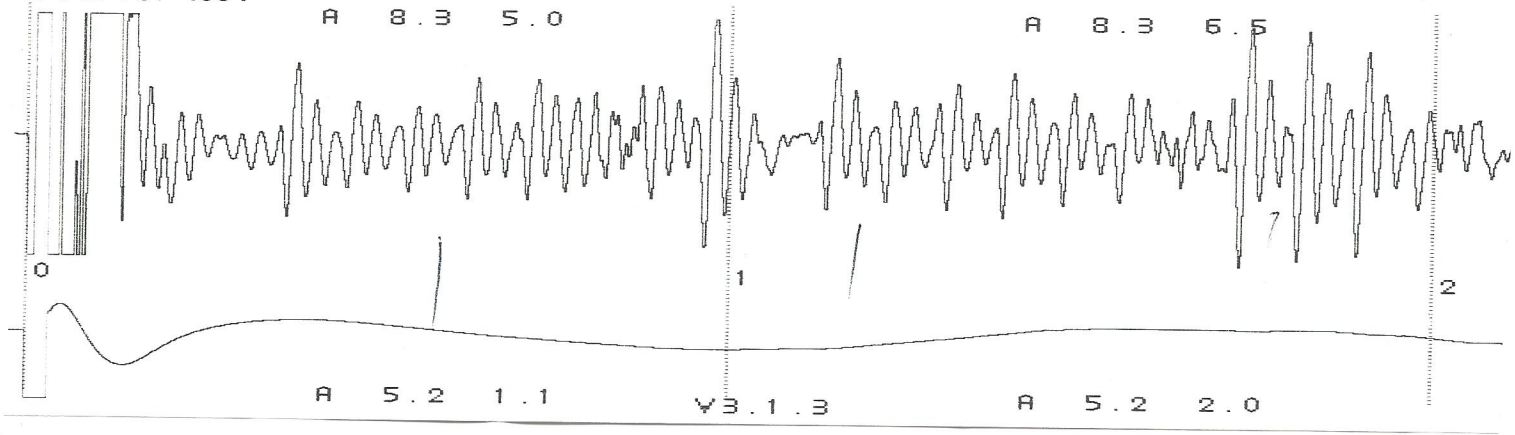
GENERATE
PULSE

UC

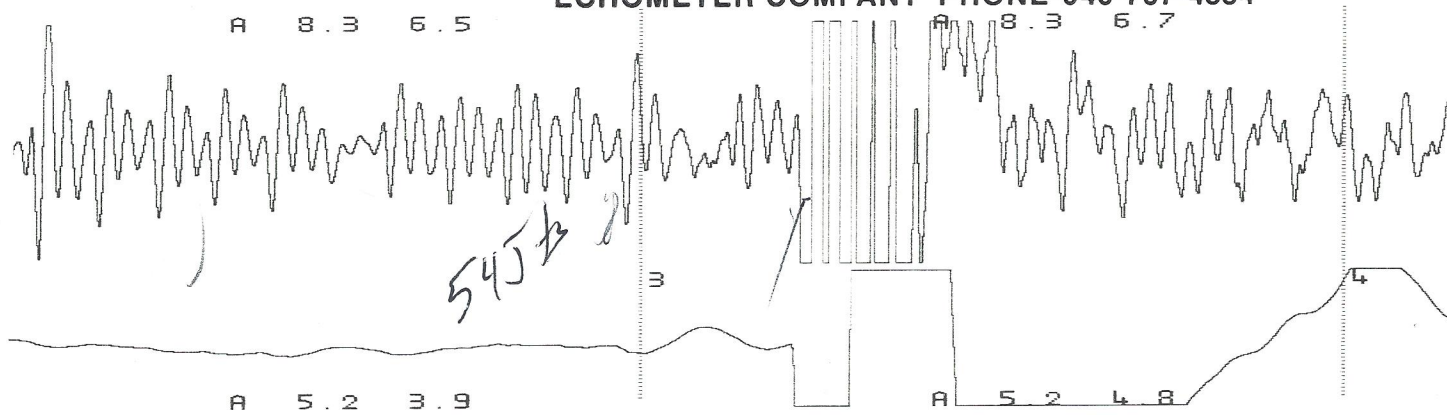
QUID LEVEL A: 5.2
P 0.339 mV

11.9
VOLTS

E-940-767-4334



ECHOMETER COMPANY PHONE-940-767-4334



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/>

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

Sam Brownback, Governor

September 18, 2017

Charles Kremeier
CK Oil & Gas LLC
906 E. TRAPP ST.
HERINGTON, KS 67449-8901

Re: Temporary Abandonment
API 15-115-21404-00-00
SCULLY "A" 1-6
NW/4 Sec.06-19S-04E
Marion County, Kansas

Dear Charles Kremeier:

Your application for Temporary Abandonment (TA) for the above-listed well is denied for the following reasons(s):

Incorrect shut in date

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by October 16, 2017.

This deadline does NOT override any compliance deadline given to you in any Commission Order.

You may contact me if you have any questions.

Sincerely,
Jerry Sparling
KCC DISTRICT 2