



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: _____
(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: <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 |

PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-624-4505

PRODUCER W.R. WILLIAMS
WELL NAME COAKES #7
LOCATION 7-17S-40W
COUNTY GREELEY STATE KS

CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
PERFS _____ TO _____ TO _____ TO _____ TO _____
PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
GG _____ API _____ @ _____ GM _____ RESERVOIR _____

| DATE TIME OF READING | ELAP TIME HOUR | WELLHEAD PRESSURE DATA | | | | | | MEASUREMENT DATA | | | LIQUIDS | | TYPE INITIAL _____ SPEICAL _____ ENDING _____ TEST: ANNUAL _____ RETEST _____ DATE 10-18-17 | | | | | | |
|----------------------|----------------|------------------------|---------|----------|---------|----------|---------|------------------|-------|------|---------|------------|--|--|--|--|--|--|---|
| | | CSG PSIG | Δ P CSG | TBG PSIG | Δ P TBG | BHP PSIG | Δ P BHP | PRESS PSIG | DIFF. | TEMP | Q MCFD | COND BBLs. | WATER BBLs. | REMARKS PERTINENT TO TEST DATA QUALITY | | | | | |
| WEDNESDAY | | | | | | | | | | | | | | | | | | | |
| 10-18-17 | | | | | | | | | | | | | | | | | | | SLIM HOLE |
| 1500 | | 0.1 | | PUMP OFF | | | | | | | | | | | | | | | CONDUCT LIQUID LEVEL DETERMINATION TEST |
| | | | | | | | | | | | | | | | | | | | SHOT SECONDS DISTANCE |
| | | | | | | | | | | | | | | | | | | | # TO FLUID TO FLUID |
| | | | | | | | | | | | | | | | | | | | 1 0.1 393' |
| | | | | | | | | | | | | | | | | | | | 2 0.1 393' |
| | | | | | | | | | | | | | | | | | | | TRIED TO SHOOT FLUID LEVEL DOWN 4 ½ I COULD NOT |
| | | | | | | | | | | | | | | | | | | | GET VALVE TO OPEN. |
| | | | | | | | | | | | | | | | | | | | |
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Wednesday

10-18-17

1500

Gas = 0.1 pumps

7-175-400

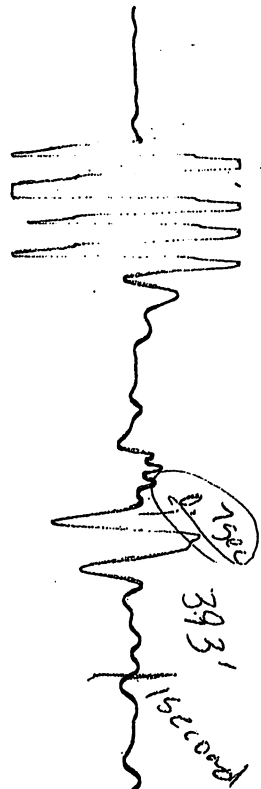
Grealey, Ks

0.75 sec to fluid = 393'

W. R. Williams

Cakes # 7

Model D



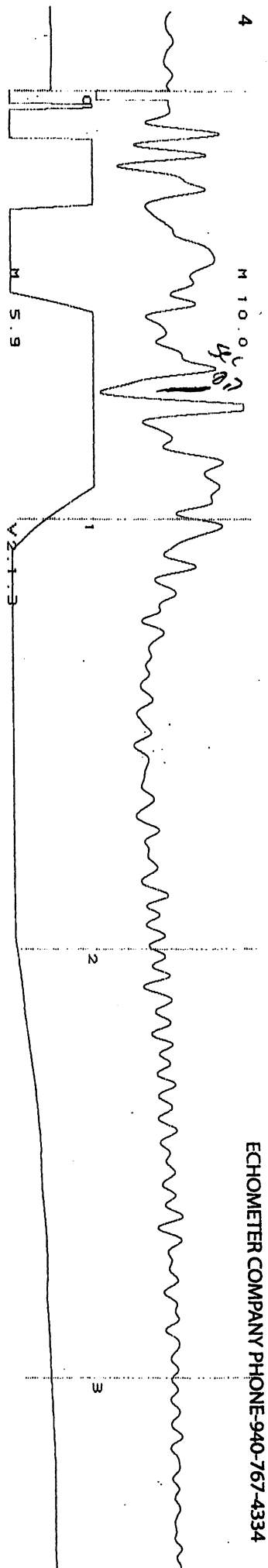
ECHOMETER COMPANY 5001 DITTO LANE, WICHITA FALLS, TEXAS 75302

TEXAS 75302

ECHOMETER COMPANY 5001 DITTO LANE, WICHITA FALLS, TEXAS 75302

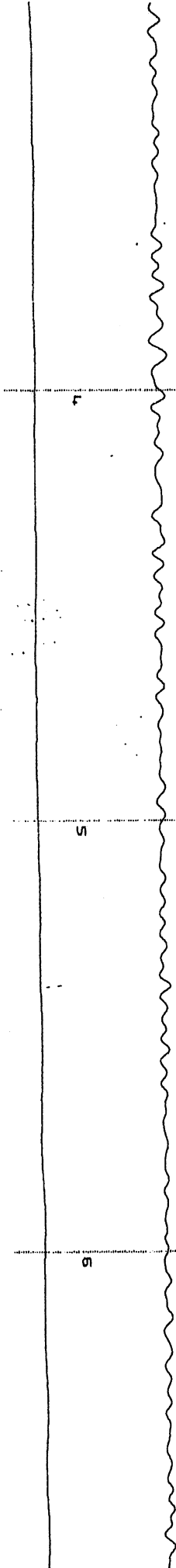
ECHOMETER COMPANY 5001 DITTO LANE, WICHITA FALLS, TEXAS 75302

Model M

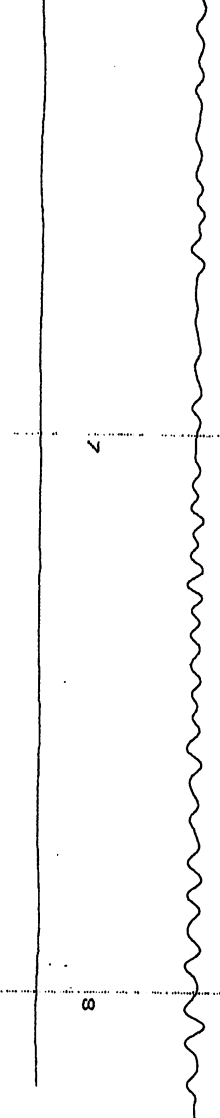


940-767-4334

ECHOMETER COMPANY PHONE-940-7



IR COMPANY PHONE-940-767-4334



W.R. Williams

Coaks #7

7-175-40W

Grealey, ks

Ass = 0.1 # Pump 878

0.7 Sec to Fluid = 393'

Conservation Division
District Office No. 1
210 E. Frontview, Suite A
Dodge City, KS 67801



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

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

Sam Brownback, Governor

October 24, 2017

W. Rob Williams
W. R. Williams, Inc.
PO BOX 15163
AMARILLO, TX 79105-5163

Re: Temporary Abandonment
API 15-071-20217-00-00
COAKES 7
SE/4 Sec.07-17S-40W
Greeley County, Kansas

Dear W. Rob Williams:

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

High Fluid Level

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by November 21, 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,
Michael Maier
KCC DISTRICT 1