1368725

Form CP-111 July 2017 Form must be Typed Form must be signed

## **TEMPORARY ABANDONMENT WELL APPLICATION**

All blanks must be complete

| OPERATOR: License#                             |              |                  |                         |                   | API No. 15-     |   |   |           |           |           |  |
|--|--------------|------------------|-------------------------|-------------------|-----------------|---|---|-----------|-----------|-----------|--|
| Name:  |              |                  |                         |                   |                 | Spot Description:   |   |           |           |           |  |
| Address 1:                                     |              |                  |                         |                   | 1 '             | •   | Twp   |           |           | E W       |  |
| Address 2:                                     |              |                  |                         |                   |                 |   | feet from   | N /       | ]S Line c | f Section |  |
| City: State: Zip: +                            |              |                  |                         |                   |                 | feet from L E / L W Line of Section   |   |           |           |           |  |
| Contact Person:                                |              |                  |                         |                   |                 | GPS Location: Lat:, Long:   |   |           |           |           |  |
| Phone:()                                       |              |                  |                         |                   |                 | Datum:         NAD27         NAD83         WGS84           County:         Elevation:         GL         KB |   |           |           |           |  |
|  |              |                  |                         |                   |                 | Lease Name: Well #:   |   |           |           |           |  |
| Contact Person Email:                          |              |                  |                         |                   |                 | Well Type: (check one) Oil Gas OG WSW Other:  |   |           |           |           |  |
| Field Contact Person:                          |              |                  |                         |                   |                 | SWD Permit #: ENHR Permit #:  |   |           |           |           |  |
| Field Contact Person Phone: ( )                |              |                  |                         |                   |                 | Gas Storage Permit #:   |   |           |           |           |  |
|  |              |                  |                         |                   | Spud Date:      |   | Date Shut-  | In:       |           |           |  |
|  | Conduc       | tor              | Surface                 | Pro               | oduction        | Intermediate  | Liner   |           | Tubing    | J         |  |
| Size   |              |                  |                         |                   |                 |   |   |           |           |           |  |
| Setting Depth                                  |              |                  |                         |                   |                 |   |   |           |           |           |  |
| Amount of Cement                               |              |                  |                         |                   |                 |   |   |           |           |           |  |
| Top of Cement                                  |              |                  |                         |                   |                 |   |   |           |           |           |  |
| Bottom of Cement                               |              |                  |                         |                   |                 |   |   |           |           |           |  |
| Depth and Type:                                | I ALT. II    | Depth of         | : DV Tool:(depth)       | w/_               | sack            | s of cement Po  | ort Collar:   |           |           | of cement |  |
| Total Depth:                                   |              | Plug Back        | c Depth:                | Plug Back Method: |                 |   |   |           |           |           |  |
| Geological Date:                               |              |                  |                         |                   |                 |   |   |           |           |           |  |
| Formation Name                                 | F            | ormation 1       | op Formation Base       |                   |                 | Comple  | etion Information                                   |           |           |           |  |
| 1  | At:          |                  | to Feet                 | Perfo             | ration Interval | to  | _ Feet or Open Hole                                 | Interval  | to        | Feet      |  |
| 2  | At:          |                  | to Feet                 |                   |                 |   | Feet or Open Hole                                   |           |           |           |  |
| INDED DENALTY OF DED                           | IIIDV I UEDE | DV ATTE          |                         |                   | ectronicall     |   | A CORRECT TO THE I                                  | DEST OF M | / VNOMI E | :DCE      |  |
| Do NOT Write in This Date Space - KCC USE ONLY |              | Date Tested: Res |                         |                   |                 | Date Plugged  | ate Plugged: Date Repaired: Date Put Back in Servic |           | /ice:     |           |  |
| Review Completed by:                           |              |                  |                         | Comn              | nents:          |   |   |           |           |           |  |
| TA Approved: Yes                               | Denied       | Date: _          |                         |                   |                 |   |   |           |           |           |  |
|  |              |                  | Mail to the App         | ropriate          | KCC Conserv     | vation Office:  |   |           |           |           |  |
|  |              | CC Digt:         | ot Office #1 210 F Free | atulou Cui        | ita A Dadas Ci  | t. VC 67901   |   | Dha       |           | 2 7022    |  |

|   | 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 |  |  |

Conservation Division District Office No. 3 137 E. 21<sup>st</sup> St. Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

Sam Brownback, Governor

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

November 28, 2017

SAM MAYS Sam W. Mays Jr. LLC dba MAYS OIL LLC PO BOX 391 EUREKA, KS 67045-0391

Re: Temporary Abandonment API 15-073-20865-00-00 GREEN 54 NE/4 Sec.10-23S-09E Greenwood County, Kansas

## Dear SAM MAYS:

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

## needs new current 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 December 26, 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, Mike Heffern KCC DISTRICT 3