### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be signed

All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License# Name: Address 1:   |                              |                 |                        | API No. 15         |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
|---|------------------------------|-----------------|------------------------|--------------------|------------|--------------------------|---------|------|--|----------------------------|-----|--|--|------------------------------|----------------|------------------------|--------|--|
|   |                              |                 |                        |                    |            |                          |         |      |  | Sec Twp S. R E [] W        |     |  |  |                              |                |                        |        |  |
|   |                              |                 |                        | Address 2:         |            |                          |         |      |  | feet from N                |     |  |  |                              |                |                        |        |  |
| City:        State:       Zip:       +          Contact Person:        Phone:() |                              |                 |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
|   |                              |                 |                        |                    |            |                          |         |      |  | Field Contact Person:      |     |  |  | Well Type: (                 | check one) 🗌 ( | Oil 🗌 Gas 🗌 OG 🗌 WSW 🗌 | Other: |  |
|   |                              |                 |                        |                    |            |                          |         |      |  | Field Contact Person Phone |     |  |  | SWD Permit #: ENHR Permit #: |                |                        |        |  |
|   |                              |                 |                        |                    |            |                          |         |      |  |                            | .() |  |  |                              |                |                        |        |  |
|   |                              |                 |                        | Spud Date:         |            | Date Shut-In:            |         |      |  |                            |     |  |  |                              |                |                        |        |  |
|   | Conductor                    | Surface         | F                      | roduction          | Intermedia | ate Liner                | Tub     | bing |  |                            |     |  |  |                              |                |                        |        |  |
| Size  |                              |                 |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Setting Depth   |                              |                 |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Amount of Cement  |                              |                 |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Top of Cement   |                              |                 |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Bottom of Cement  |                              |                 |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Casing Fluid Level from Sur   | face:                        |                 | How Determined         | ?                  |            |                          | Date:   |      |  |                            |     |  |  |                              |                |                        |        |  |
| 0   |                              |                 |                        |                    |            | sacks of cement.         |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Do you have a valid Oil & Ga  | as Lease? 🗌 Yes [            | No              |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Depth and Type: Junk in   | n Hole at                    | Tools in Hole a | t C                    | asing Leaks:       | Yes No     | Depth of casing leak(s): |         |      |  |                            |     |  |  |                              |                |                        |        |  |
|   |                              |                 |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
|   |                              |                 |                        |                    |            | Port Collar: w /         | 540     |      |  |                            |     |  |  |                              |                |                        |        |  |
| Packer Type:  | Size:                        |                 | Inc                    | h Set at:          |            | Feet                     |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Total Depth:  | Plug Ba                      | ick Depth:      |                        | Plug Back Metho    | od:        |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
|   |                              |                 |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Geological Date:  | Formation Top Formation Base |                 | Completion Information |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Geological Date:<br>Formation Name  | Formation                    | riop romation   |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Ū.  |                              | •               | Feet Per               | oration Interval _ | to         | Feet or Open Hole Interv | al to _ | Feet |  |                            |     |  |  |                              |                |                        |        |  |

## Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               |                |                           |
| TA Approved: Yes De                          | enied 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 |

## STATE OF KANSAS

Corporation Commission Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



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

March 15, 2018

Nick Simonson Bach, Jason dba Bach Oil Production PO BOX 723 ALMA, NE 68920-0723

Re: Temporary Abandonment API 15-147-00840-00-00 HOPPER EST 1 NE/4 Sec.23-02S-19W Phillips County, Kansas

Dear Nick Simonson:

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 April 12, 2018.

# 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, RICHARD WILLIAMS KCC DISTRICT 4