KOLAR Document ID: 1407964

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

### TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#   |   |                   |               |         | API No. 15-   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
|--|---|-------------------|---------------|---------|---|--|-------------------|-----------|-------------------|------------|------------|-----------|-------|----|-----|------------|-------------|-----------|---------|--------|---|
| Name:  |   |                   |               |         | API No. 15  |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
|  |   |                   |               |         |   |  |                   |           |                   |            | Address 2: |           |       |    |     |            |             | feet from |         |        |   |
|  |   |                   |               |         |   |  | feet from         |           |                   | of Section |            |           |       |    |     |            |             |           |         |        |   |
| Contract Person:   |   |                   |               |         | GPS Location: Lat:, Long:   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Contact Person:  |   |                   |               |         | Datum:         NAD27         NAD83         WGS84           County:         Elevation:         GL         KB           Lease Name:         Well #:         Well #:           Well Type: (check one)         Oil         Gas         OG         WSW         Other:           SWD Permit #:         ENHR Permit #:           Gas Storage Permit #:         ENHR Permit #:         Text Permit #: |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Phone:( )  |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
|  |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     | Spud Date: |             | Date S    | hut-In: |        |   |
|  |   |                   |               |         |   |  |                   |           |                   |            |            | Conductor | Surfa | се | Pro | oduction   | Intermediat | e Li      | ner     | Tubing | J |
|  |   |                   |               |         |   |  |                   |           |                   |            | Size       |           |       |    |     |            |             |           |         |        |   |
| Setting Depth  |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Amount of Cement   |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Top of Cement  |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Bottom of Cement   |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Casing Fluid Level from Surf   | ace:                                    |                   | _ How Deter   | rmined? |   |  |                   | D         | ate:              |            |            |           |       |    |     |            |             |           |         |        |   |
| Casing Squeeze(s):   | to w                                    | /                 | sacks of cem  | ent,    | to  | (hottom) W /                               | sacks of          | cement. D | )ate:             |            |            |           |       |    |     |            |             |           |         |        |   |
| رمان<br>Do you have a valid Oil & Ga   | • • •                                   |                   |               |         | (100)   | (bottom)                                   |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
|  |   |                   |               | 0       | –   | ]v 🗀 v                                     |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Depth and Type:  |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Type Completion: ALT.  | I ALT. II Depth                         | of: DV Too        | l:(depth)     | w/_     | sacks   | of cement F                                | Port Collar:      | w / .     | sack o            | of cement  |            |           |       |    |     |            |             |           |         |        |   |
| Packer Type: Size: Inch  |   |                   |               |         | Set at:   |  | Feet              |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Total Depth:   | Plug Back Depth:                        |                   |               |         | Plug Back Method:   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Geological Date:   |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Formation Name   | Formatio                                | n Top Formation   | on Base       |         |   | Comp                                       | etion Information |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| l  | ·                                       |                   |               | Perfo   | Perforation Interval to Feet or Open Hole Interval  |  |                   |           |                   | Feet       |            |           |       |    |     |            |             |           |         |        |   |
| 2  |   | to                |               |         |   |  | Feet or Open H    |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| -  |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| INDED DENALTY OF BED   | IIIBV I UEBEBV ATT                      | COT TUAT TUE      | INFORMATI     | ON CO   | NITAINED HED  | EIN IC TOLIE AN                            | D CODDECT TO T    | JE DEST   | DE MIV IZMOMILI   | :DCE       |            |           |       |    |     |            |             |           |         |        |   |
|  |   | 5                 | Submitte      | d Ele   | ctronically   | y  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
|  |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Do NOT Write in This   | NOT Write in This Date Tested: Results: |                   |               |         |   | Date Plugge                                | d: Date Repaire   | d: Date   | e Put Back in Ser | vice:      |            |           |       |    |     |            |             |           |         |        |   |
| Space - KCC USE ONLY   |   |                   |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Review Completed by:   |   |                   |               | _ Comn  | nents:  |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| TA Approved: Yes   | Denied Date                             | :                 |               |         |   |  |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
|  |   | Mail 4            | o the Annro   | nriate  | KCC Conserv   | ation Office:                              |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
| Mail to the Appropriate KCC Conservation Office:  KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 |   |                   |               |         |   |  |                   |           | Phone 620.68      | 2 7033     |            |           |       |    |     |            |             |           |         |        |   |
|  |   |                   |               |         |   | Building 600, Suite 601, Wichita, KS 67226 |                   |           |                   |            |            |           |       |    |     |            |             |           |         |        |   |
|  | KCC Dis                                 | trict Office #2 - | . Ა45U N. K0C | к кoad, | building 600, S   | ouite 601, Wichita                         | i, NO 6/226       |           | Phone 316.33      | 7.7400     |            |           |       |    |     |            |             |           |         |        |   |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

# STATE OF KANSAS

CORPORATION COMMISSION CONSERVATION DIVISION DISTRICT OFFICE No. 3 137 E. 21st Street CHANUTE, KS 66720



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

#### GOVERNOR JEFF COLYER, M.D.

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

May 07, 2018

Ray Gilbert Entransco Energy, LLC PO BOX 578 DEWEY, OK 74029

Re: Temporary Abandonment API 15-073-20612-00-02 CROSS 2 NE/4 Sec.12-27S-10E Greenwood County, Kansas

## Dear Ray Gilbert:

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 June 04, 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, Mike Heffern KCC DISTRICT 3