KOLAR Document ID: 1415586

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

| Address 1:   | OPERATOR: License#                           |                       |   |             |                           | API No. 15-   |                     |                        |  |
|--|--|-----------------------|---|-------------|---------------------------|---|---------------------|------------------------|--|
| Sec.   Tey.   S.R.   E   W. Address 1:   | Name:  |                       |   |             | Spot Description:         |   |                     |                        |  |
| State   Zip:   |  |                       |   |             |                           |   |                     |                        |  |
| State   Zip:   |  |                       |   |             |                           | feet from N / S Line of Section                             |                     |                        |  |
| Contact Person:  |  |                       |   |             |                           |   |                     |                        |  |
| Promes (   |  |                       |   |             | GPS Location: Lat:, Long: |   |                     |                        |  |
| Lease Name:  |  |                       |   |             |                           |   |                     |                        |  |
| Well Type: (Peeks one   O o   Gas   O o   WSW   Other:   |  |                       |   |             |                           |   |                     |                        |  |
| SWD Parmit #:  |  |                       |   |             |                           | Well Type: (check one)    Oil    Gas    OG    WSW    Other: |                     |                        |  |
| Size   |  |                       |   |             |                           | ☐ SWD Permit #:   |                     |                        |  |
| Size   Conductor   Surface   Production   Intermediate   Liner   Tubing  | )  |                       |   |             |                           |   |                     |                        |  |
| Size   Setting Depth   Setting |  |                       |   |             | Spud Date:                |   | Date Shut-In:       |                        |  |
| Setting Depth Amount of Cement Top of Cement |  | Conductor             | Surface   | Pro         | oduction                  | Intermediate  | Liner               | Tubing                 |  |
| Amount of Cement   | Size   |                       |   |             |                           |   |                     |                        |  |
| Top of Cement Bottom of | Setting Depth                                |                       |   |             |                           |   |                     |                        |  |
| Bottom of Cement  Casing Fluid Level from Surface:   | Amount of Cement                             |                       |   |             |                           |   |                     |                        |  |
| Casing Fluid Level from Surface:   | Top of Cement                                |                       |   |             |                           |   |                     |                        |  |
| Casing Squeeze(s):   | Bottom of Cement                             |                       |   |             |                           |   |                     |                        |  |
| Casing Squeeze(s):   | Casing Fluid Lavel from Su                   | urfaco:               | How F   | Octorminad? | 1                         |   | D                   | ato:                   |  |
| Do you have a valid Oil & Gas Lease?   |  |                       |   |             |                           |   |                     |                        |  |
| Depth and Type:  | (top   | o) (bottom)           | _   |             | (top)                     | (bottom)  |                     |                        |  |
| Type Completion: ALT. I Depth of: DV Tool: w/ sacks of cement Port Collar: w/ sack of cement Packer Type: Size: Inch Set at: Feet  Total Depth: Plug Back Depth: Plug Back Method:  Geological Date:  Formation Name Formation Top Formation Base Completion Information  1. At: to Feet Perforation Interval to Feet or Open Hole Interval to Feet Perforation Interval to Feet or Open Hole Interval to Feet Perforation Interval Top Fe | Do you have a valid Oil & C                  | Gas Lease? Yes        | No  |             |                           |   |                     |                        |  |
| Type Completion: ALT. I Depth of: DV Tool: w/ sacks of cement Port Collar: w/ sack of cement Packer Type: Size: Inch Set at: Feet  Total Depth: Plug Back Depth: Plug Back Method:  Geological Date:  Formation Name Formation Top Formation Base Completion Information  1. At: to Feet Perforation Interval to Feet or Open Hole Interval to Feet Perforation Interval to Feet or Open Hole Interval to Feet Perforation Interval Top Fe | Depth and Type: 🔲 Junk                       | in Hole at [          | Tools in Hole at                                | Ca          | sing Leaks:               | Yes No Depth o  | f casing leak(s):   |                        |  |
| Packer Type:   |  |                       |   |             |                           |   |                     |                        |  |
| Geological Date:  Formation Name  Formation Top Formation Base  Completion Information  At:  |  |                       |   |             |                           |   | (******)            |                        |  |
| Formation Name  Formation Top Formation Base  Completion Information  At:  | Total Depth:                                 | Plug Ba               | ck Depth:                                       |             | Plug Back Meth            | od:   |                     |                        |  |
| At:  | Geological Date:                             |                       |   |             |                           |   |                     |                        |  |
| At:  | Formation Name                               | Formation             | Top Formation Base                              |             |                           | Completion In   | nformation          |                        |  |
| At:  | ·  |                       |   |             |                           |   |                     |                        |  |
| Submitted Electronically  Do NOT Write in This   |  |                       |   |             |                           | tion Interval to Feet or Open Hole Interval to Feet         |                     |                        |  |
| Submitted Electronically  Do NOT Write in This   |  |                       |   |             |                           |   |                     |                        |  |
| Do NOT Write in This   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  | IINDED DENALTV OF DE                         | D IIIDV I UEDEDV ATTI | ECT TUAT TUE INICADA                            | MATION CO   | NITAINED HEE              | EIN ICTUIE AND COD  | DECTTO THE DECT     | DE MA INIUMI EDGE      |  |
| Space - KCC USE ONLY  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  |  |                       | Submi   | tted Ele    | ctronicall                | y   |                     |                        |  |
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| Review Completed by: Comments: TA Approved:  |  |                       |   |             |                           | Date Plugged:   | Date Repaired: Date | e Put Back in Service: |  |
| Mail to the Appropriate KCC Conservation Office:  KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801  Phone 620.682.7933   | Space - NGC USE ONE                          | <u> </u>              |   |             |                           |   |                     |                        |  |
| Mail to the Appropriate KCC Conservation Office:  KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801  Phone 620.682.7933   | Review Completed by:                         |                       |   | Comr        | nents:                    |   |                     |                        |  |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801  Phone 620.682.7933   | TA Approved: Yes                             | Denied Date:          |   |             |                           |   |                     |                        |  |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801  Phone 620.682.7933   |  |                       | Mail to the Ap                                  | propriate   | KCC Conserv               | ation Office:   |                     |                        |  |
|  | Thomas Paper Dates Note Date Date Date Dates | KCC Dist              | KCC District Office #1 - 210 E. Frontview, Suit |             |                           | ty, KS 67801  | Phone 620.682.7933  |                        |  |
|  |  | <u></u>               | KCC District Office #2 - 3450 N Rock Road       |             |                           |   |                     |                        |  |

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

July 31, 2018

Dan Millar Millar, Dan dba D.M. Well Service 5623 1000 RD FREDONIA, KS 66736-7704

Re: Temporary Abandonment API 15-049-19124-00-00 ROBERTSON CP-1 SE/4 Sec.04-29S-13E Elk County, Kansas

#### Dear Dan Millar:

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 August 28, 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, Duane Sims KCC DISTRICT 3