

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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: _____
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: _____

Table with 7 columns: Conductor, Surface, Production, Intermediate, Liner, Tubing. Rows include 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: _____
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): _____
Type Completion: _____ ALT. I _____ ALT. II 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 Data:

Table with 4 columns: Formation Name, Formation Top, Formation Base, Completion Information. Rows 1 and 2.

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: _____ Yes _____ Denied Date: _____

Mail to the Appropriate KCC Conservation Office:

Table with 3 columns: District Office #, Address, Phone. Rows 1-4.

ALLIED CEMENTING CO., INC.

6111

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: K

DATE <u>6-4-02</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>9:00am</u>	JOB START	JOB FINISH <u>1:00pm</u>
LEASE <u>Riedel</u>	WELL # <u>1-B</u>	LOCATION <u>Yocemento 4s 2w</u>			COUNTY <u>Ellis</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Randyo well

TYPE OF JOB Port Collar

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 DEPTH _____

TUBING SIZE 2 DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL Bushart DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT

AMOUNT ORDERED 375 6 1/4 16% gel

used 200's

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Mike

345 HELPER Bill

BULK TRUCK

254 DRIVER Brent

BULK TRUCK

_____ DRIVER _____

REMARKS:

Tested plug to 1000'

circ hole opened tool mixed

200's circ cement closed tool

Pressure to 700' Run 5 yls circ

clean

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Mike Weckert

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

ALLIED CEMENTING CO., INC. 10277

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell 2-19-02

DATE <i>2-18-02</i>	SEC. <i>5</i>	TWP. <i>14</i>	RANGE <i>19</i>	CALLED OUT <i>10:00 AM</i>	ON LOCATION <i>11:15 PM</i>	JOB START	JOB FINISH <i>1:00 AM</i>
LEASE <i>Reidel</i>		WELL # <i>1-B</i>		LOCATION <i>Hwy 7W</i>		COUNTY <i>Ellis</i>	STATE <i>Ks</i>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR *A & A Dels.*

TYPE OF JOB *SURFACE*

HOLE SIZE *12 1/2* T.D. *202 - 200*

CASING SIZE *8 5/8* DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *15'*

PERFS.

DISPLACEMENT *13 bbls*

EQUIPMENT

PUMP TRUCK CEMENTER *B. H.*

345 HELPER *DRUC*

BULK TRUCK

282 DRIVER *Glen*

BULK TRUCK

DRIVER

OWNER

CEMENT AMOUNT ORDERED

160 MB 60/40 3-2

COMMON	<i>9 1/2</i>	@ <i>648</i>	<i>638.40</i>
POZMIX	<i>64</i>	@ <i>355</i>	<i>227.20</i>
GEL	<i>3</i>	@ <i>30.00</i>	<i>90.00</i>
CHLORIDE	<i>5</i>	@ <i>30.00</i>	<i>150.00</i>
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<i>368</i>	@ <i>1.10</i>	<i>404.80</i>
MILEAGE	<i>44/5K / R. H.</i>		<i>215.00</i>
			<i>1445.40</i>
TOTAL			

*2 stages
200*

REMARKS:

SERVICE

Surface del c 201

Cemt w 160 mb 60/40 3-2

pump plus w 13 bbls

Cemt did circ.

DEPTH OF JOB *520'*

PUMP TRUCK CHARGE

EXTRA FOOTAGE *32* @ *3.00* *96.00*

MILEAGE @ *45* *45.00*

PLUG *8 5/8 wood* @

TOTAL *661.00*

CHARGE TO: *Michael Dweilers*

STREET

CITY STATE ZIP

FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
TOTAL		

To Allied Cementing Co., Inc.

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TAX

TOTAL CHARGE

DISCOUNT IF PAID IN 30 DAYS

SIGNATURE *Dan L. Larson*

PRINTED NAME

January 25, 2019

Michael D. Weilert
Weilert, Michael D. dba Michael D. Weilert Oil
Company
866 230TH AVE
HAYS, KS 67601-9605

Re: Temporary Abandonment
API 15-051-25121-00-00
REIDEL 1-B
SW/4 Sec.05-14S-19W
Ellis County, Kansas

Dear Michael D. Weilert:

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 February 22, 2019.

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