KOLAR Document ID: 1466435

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Form must be Typed

## **TEMPORARY ABANDON**

OPERATOR: License# \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Field Contact Person Phone: ( \_\_\_\_\_ ) \_\_\_\_

Casing Fluid Level from Surface:\_\_\_\_\_

Do you have a valid Oil & Gas Lease? Yes No

Conductor

Casing Squeeze(s): \_\_\_\_\_ to \_\_\_\_ w / \_\_\_\_ sacks of cement,

Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth)

\_\_\_\_\_ At: \_\_\_\_\_ to \_\_\_\_ Feet

LINDED DENALTY OF DED HIDVI HEDERY ATTEST THAT THE INCODMATION OF

\_\_ Plug Back Depth: \_\_\_

Formation Top Formation Base \_\_\_\_\_ At: \_\_\_\_\_ to \_\_\_\_ Feet

\_\_\_\_\_ Size: \_\_\_

Surface

Address 1: \_\_\_ Address 2: \_\_\_\_

Size

Setting Depth Amount of Cement Top of Cement **Bottom of Cement** 

Packer Type: \_\_\_ Total Depth: \_\_\_

Geological Date: Formation Name

Contact Person: \_\_\_\_ Phone:( \_\_\_\_\_ ) \_\_\_

Field Contact Person: \_\_\_

| ENT WELL APPLICATION |                 |                    | Form must be signed  All blanks must be complete |  |  |  |
|----------------------|-----------------|--------------------|--|--|--|--|
| API No. 15-          |                 |                    |  |  |  |  |
|                      | iption:         |                    |  |  |  |  |
| •                    | Sec             | feet from N        | R E W  |  |  |  |
| 0001 "               |                 |                    | / W Line of Section                              |  |  |  |
|                      | on: Lat:        |                    | (e.gxxx.xxxxx)                                   |  |  |  |
|                      | NAD27 NAD83     |                    |  |  |  |  |
|                      | e:Ele\          | vation: Wel        | GL KB  |  |  |  |
|                      |                 |                    | Other:   |  |  |  |
|                      |                 |                    | nit #:   |  |  |  |
|                      | orage Permit #: |                    | THC #1.  |  |  |  |
|                      | •               | Date Shut-In:      |  |  |  |  |
|                      |                 |                    |  |  |  |  |
| uction               | Intermediate    | Liner              | Tubing   |  |  |  |
|                      |                 |                    |  |  |  |  |
|                      |                 |                    |  |  |  |  |
|                      |                 |                    |  |  |  |  |
|                      |                 |                    |  |  |  |  |
|                      |                 |                    |  |  |  |  |
|                      |                 | [                  | Date:  |  |  |  |
| to                   | (bottom) w /    | sacks of cement. [ | Date:  |  |  |  |
| (top)                | (bottom)        |                    |  |  |  |  |
|                      |                 |                    |  |  |  |  |
| ng Leaks:            | Yes No Depth of | casing leak(s):    |  |  |  |  |
|                      |                 |                    | sack of cemen                                    |  |  |  |
| et at:               | Feet            |                    |  |  |  |  |
| ug Back Meth         | od:             |                    |  |  |  |  |
|                      | O-market 1      | formation          |  |  |  |  |
|                      | Completion In   |                    |  |  |  |  |
|                      |                 |                    |  |  |  |  |
|                      | toFeet          | •                  | al toFeet<br>al toFeet                           |  |  |  |

## 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 D                        | 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 |
|--|--|--------------------|
|  | 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 |
| Similar Street S | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

Laura Kelly, Governor

Dwight D. Keen, Chair Shari Feist Albrecht, Commissioner Susan K. Duffy, Commissioner

July 23, 2019

Michael Petermann LB Exploration, Inc. 2135 2ND RD HOLYROOD, KS 67450-9021

Re: Temporary Abandonment API 15-007-19005-00-00 HOPKINS A 1 SE/4 Sec.30-32S-13W Barber County, Kansas

## Dear Michael Petermann:

"Your temporary abandonment (TA) application for the well listed above has been approved. In accordance with K.A.R. 82-3-111 the TA status of this well will expire 07/23/2020.

- \* If you return this well to service or plug it, please notify the District Office.
- \* If you sell this well you are required to file a Transfer of Operator form, T-1.
- \* If the well will remain temporarily abandoned, you must submit a new TA application, CP-111, before 07/23/2020.

You may contact me at the number above if you have questions.

Very truly yours,

Michael Maier"