## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                 |                              |               |               | API No. 15-          |                              |                      |               |        |       |  |
|------------------------------------|------------------------------|---------------|---------------|----------------------|------------------------------|----------------------|---------------|--------|-------|--|
| Name:                              |                              |               |               | Spot Descri          | Spot Description:            |                      |               |        |       |  |
| Address 1:                         |                              |               |               |                      | Se                           | ec Twp               | S. R          |        | E 🗌 W |  |
| Address 2:                         |                              |               |               |                      |                              | feet fro             | = ;           | =      |       |  |
| City:   Zip:  +    Contact Person: |                              |               |               |                      |                              |                      |               |        |       |  |
|                                    |                              |               |               |                      |                              |                      |               |        |       |  |
| Phone:()                           |                              |               |               |                      |                              | Elevation:           |               | GL     | КВ    |  |
| Contact Person Email:              |                              |               |               |                      |                              |                      |               |        |       |  |
| Field Contact Person:              |                              |               |               |                      | ,                            | Oil 🗌 Gas 🗌 OG 🗌     |               |        |       |  |
| Field Contact Person Phone         | ()                           |               |               |                      | SWD Permit #: ENHR Permit #: |                      |               |        |       |  |
|                                    | ()                           |               |               |                      |                              | Date SI              | head last     |        |       |  |
|                                    |                              |               |               | Spud Date:           |                              | Date Si              | nut-in:       |        |       |  |
|                                    | Conductor                    | Surface       | •             | Production           | Intermedia                   | ate Li               | ner           | Tubing |       |  |
| Size                               |                              |               |               |                      |                              |                      |               |        |       |  |
| Setting Depth                      |                              |               |               |                      |                              |                      |               |        |       |  |
| Amount of Cement                   |                              |               |               |                      |                              |                      |               |        |       |  |
| Top of Cement                      |                              |               |               |                      |                              |                      |               |        |       |  |
| Bottom of Cement                   |                              |               |               |                      |                              |                      |               |        |       |  |
| Casing Fluid Level from Surf       | ace:                         |               | How Determ    | nined?               |                              |                      | Date:         |        |       |  |
| Casing Squeeze(s):                 | to w                         | / sa          | acks of cemer | nt, to               | (bottom) w / _               | sacks of             | cement. Date: |        |       |  |
| Do you have a valid Oil & Ga       | as Lease? Yes                | No            |               |                      |                              |                      |               |        |       |  |
| Depth and Type: 🗌 Junk ir          | Hole at                      | Tools in Hole | at            | Casing Leaks:        | Yes No                       | Depth of casing leak | (s):          |        |       |  |
| Type Completion:                   |                              |               |               |                      |                              |                      |               |        |       |  |
| Packer Type:                       |                              |               |               |                      |                              |                      | ))            |        |       |  |
| Total Depth:                       | Plug Back Depth:             |               |               | Plug Back Metho      | Plug Back Method:            |                      |               |        |       |  |
| Geological Date:                   |                              |               |               |                      |                              |                      |               |        |       |  |
| Formation Name                     | Formation Top Formation Base |               |               |                      | Com                          | pletion Information  |               |        |       |  |
|                                    | Δ+·                          | to            | Feet          | Perforation Interval | to                           | Feet or Open He      | ole Interval  | to     | Feet  |  |
| 1                                  | At                           |               |               |                      |                              |                      |               |        |       |  |

## 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 |



Phone: 316-337-7400 Fax: 316-630-4005 http://kcc.ks.gov/

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

September 06, 2019

Charlene Giles Giles, Benjamin M. 821 HIGH ST TOWANDA, KS 67144-9047

Re: Temporary Abandonment API 15-173-20738-00-00 GLEN LYGRISSE 1 SE/4 Sec.12-26S-02E Sedgwick County, Kansas

Dear Charlene Giles:

"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 09/06/2020.

\* 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 09/06/2020.

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

Very truly yours,

Dan Fox"