Form must be Typed

## **TEMPORARY ABANDO**

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 ceme

Depth and Type: 

Junk in Hole at \_\_\_\_\_ Tools in Hole at \_\_\_\_\_ (depth) Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth)

2. \_\_\_\_\_ At: \_\_\_\_ to \_\_\_\_ Feet

LINDED DENALTY OF DED HIDV I HEDERY ATTEST THAT THE INCODMATIC

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

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

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

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: \_\_\_\_\_

| ONME            | NT W                          | ELL APPLICA           | TION                  | Form must be signed All blanks must be complete |  |  |  |  |
|-----------------|-------------------------------|-----------------------|-----------------------|---|--|--|--|--|
| ,               | API No. 15-                   |                       |                       |   |  |  |  |  |
|                 | API No. 15  Spot Description: |                       |                       |   |  |  |  |  |
|                 | _<br>                         | Sec                   | Twp S S               | R E W  N / S Line of Section                    |  |  |  |  |
| [               | GPS Location: Lat:            |                       |                       |   |  |  |  |  |
| \ \<br>[        | Well Type: (  SWD Pe          | check one)            | s OG WSW [<br>BNHR Pe | ell #:  Other:  mit #:                          |  |  |  |  |
|                 | Spud Date:                    |                       | Date Shut-In: _       |   |  |  |  |  |
| Produc          | tion                          | Intermediate          | Liner                 | Tubing  |  |  |  |  |
|                 |                               |                       |                       |   |  |  |  |  |
| nt, <i>(top</i> | to                            |                       | _ sacks of cement.    | Date:   |  |  |  |  |
|                 |                               |                       |                       |   |  |  |  |  |
|                 |                               |                       | (depth)               | / sack of cement                                |  |  |  |  |
|                 |                               | Feet                  |                       |   |  |  |  |  |
|                 |                               | Completion In         | formation             |   |  |  |  |  |
| Perforation     | on Interval                   | •                     |                       | /al toFeet                                      |  |  |  |  |
|                 |                               |                       | •                     | /al toFeet                                      |  |  |  |  |
|                 |                               | EIN IS TOLIE AND CODE | •                     |   |  |  |  |  |
| l Electr        | onicall                       | y                     |                       |   |  |  |  |  |

## Submitted

| 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:

| Notes been from the total and facility many first pro-   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| The trans of the case of the c | 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. 3 137 E. 21st Street Chanute, KS 66720



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

Laura Kelly, Governor

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

January 31, 2020

REX R. ASHLOCK Colt Energy Inc PO BOX 388 IOLA, KS 66749-0388

Re: Temporary Abandonment API 15-099-23782-00-00 KING 5-25 NW/4 Sec.25-31S-17E Labette County, Kansas

### Dear REX R. ASHLOCK:

Your application for Temporary Abandonment (TA) for the above-listed well is denied for the following reasons(s):

# **Shut-in Over 10 years**

Pursuant to K.A.R. 82-3-111, the well must be plugged or returned to service by 03/01/2020.

If you wish to instead file an application for an exception to the 10-year limitation of K.A.R. 82-3-111, demonstrating why it is necessary to TA the well for more than 10 years, then you must file the application for an exception by 03/01/2020.

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, Alan Dunning KCC DISTRICT 3