July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

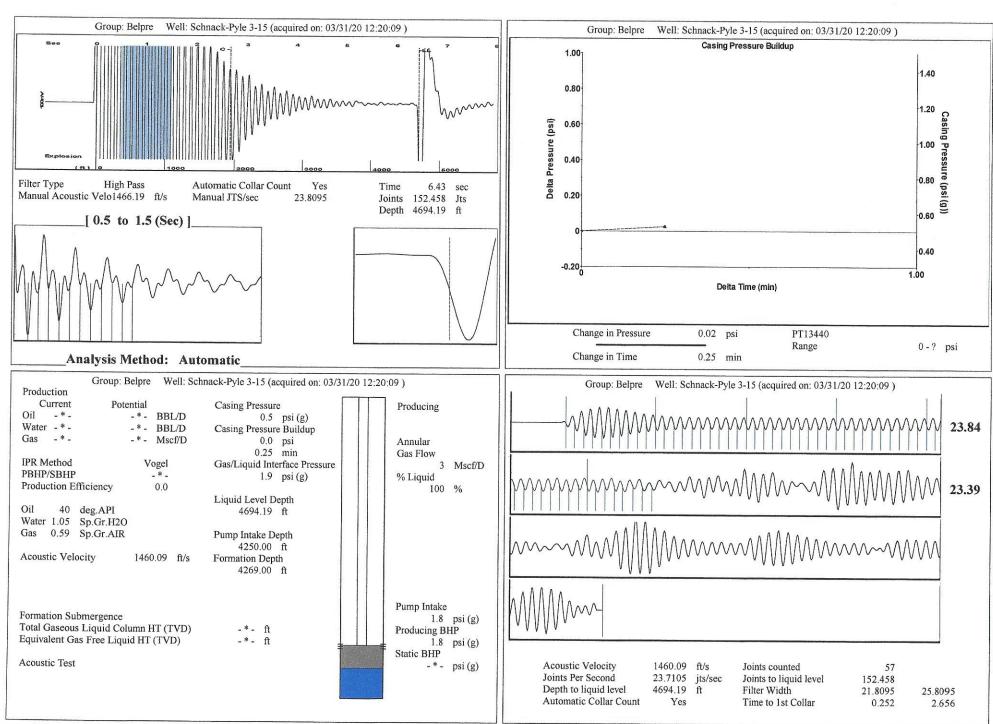
Phone 620.902.6450

Phone 785.261.6250

| ODEDATOR: License#  |                     |   |            | ADI No. 15   |   |                      |                         |  |
|---|---------------------|---|------------|--|---|----------------------|-------------------------|--|
| OPERATOR: License#  |                     |   |            | API No. 15-  Spot Description:   |   |                      |                         |  |
| Address 1:  |                     |   |            |  | •   |                      | R DE W                  |  |
|   |                     |   |            |  |   |                      | I / S Line of Section   |  |
| Address 2:  |                     |   |            | feet from DE / DW Line of Section  |   |                      |                         |  |
| Contact Person:   |                     |   |            | GPS Location: Lat:, Long:  |   |                      |                         |  |
| Phone:( )   |                     |   |            | Datum:         NAD27         NAD83         WGS84           County:               |   |                      |                         |  |
|   |                     |   |            |  | Ele   |                      |                         |  |
|   |                     |   |            |  |   |                      | Other:                  |  |
|   |                     |   |            | SWD Permit #:         ■ ENHR Permit #:           Gas Storage Permit #:         ■ |   |                      |                         |  |
|   |                     |   |            |  |   |                      |                         |  |
|   | Conductor           | Surface   | Pro        | oduction   | Intermediate  | Liner                | Tubing                  |  |
| Size  |                     |   |            |  |   |                      |                         |  |
| Setting Depth   |                     |   |            |  |   |                      |                         |  |
| Amount of Cement  |                     |   |            |  |   |                      |                         |  |
| Top of Cement   |                     |   |            |  |   |                      |                         |  |
| Bottom of Cement  |                     |   |            |  |   |                      |                         |  |
| Casing Fluid Level from Sur   | face:               | How Do  | atermined? | 1  |   | r                    | Oato:                   |  |
| Casing Fluid Level from Surface:       How Determined?       Date:         Casing Squeeze(s):       to to |                     |   |            |  |   |                      |                         |  |
| (top)   | (bottom)            |   |            | (top)  | (bottom)  | danc or comoni. I    |                         |  |
| Do you have a valid Oil & G   | as Lease? Yes       | ] No  |            |  |   |                      |                         |  |
| Depth and Type:   | n Hole at           | Tools in Hole at                                | Ca         | sing Leaks:  | Yes No Depth of                                       | casing leak(s):      |                         |  |
| Type Completion: ALT.   |                     |   |            |  |   |                      |                         |  |
| Packer Type:  |                     |   |            |  |   | , , ,                |                         |  |
| Total Depth:  | Plug Bac            | k Depth:  |            | Plug Back Meth   | od:   |                      |                         |  |
| Geological Date:  |                     |   |            |  |   |                      |                         |  |
| Formation Name  | Formation -         | Ton Formation Base                              |            |  | Completion Ir   | formation            |                         |  |
|   | ·                   |   |            |  | ration Interval to Feet or Open Hole Interval to Feet |                      |                         |  |
| 2   |                     |   |            |  | ration Interval to Feet or Open Hole Interval to Feet |                      |                         |  |
| Σ   | /nt                 | 10 1 66   | 1 6110     | nation interval  | 10  | or open note interve | 101 661                 |  |
| IINDED DENALTY OF DED   | IIIDV I UEDEDV ATTE | PT TUAT TUE INCODM                              | ATION CO   | NTAINED HEE  | EIN ICTUIE AND COD                                    | DECTTO THE DEST      | OE MV KNOW! EDGE        |  |
|   |                     | Submit  | ted Ele    | ctronicall   | V   |                      |                         |  |
|   |                     |   |            |  | ,   |                      |                         |  |
|   |                     |   |            |  |   |                      |                         |  |
| Do NOT Write in This Date Tested: Results:  |                     |   |            |  | Date Plugged:   | Date Repaired: Date  | te Put Back in Service: |  |
| Space - KCC USE ONLY  |                     |   |            |  |   |                      |                         |  |
| Review Completed by:  |                     |   | Comr       | nents:   |   |                      |                         |  |
| TA Approved: Yes  | Denied Date:        |   |            |  |   |                      |                         |  |
|   |                     | Mail to the App                                 | oropriate  | KCC Conserv  | vation Office:  |                      |                         |  |
| Depart State State State State State State State State State  | KCC Distri          | KCC District Office #1 - 210 E. Frontview, Suit |            |  |   | Phone 620.682.7933   |                         |  |
|   | KCC Distri          | KCC District Office #2 - 3450 N. Rock Road,     |            |  | Suite 601, Wichita. KS 67                             | Phone 316.337.7400   |                         |  |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651



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

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

April 07, 2020

Loveness Mpanje F. G. Holl Company L.L.C. 9431 E CENTRAL STE 100 WICHITA, KS 67206-2563

Re: Temporary Abandonment API 15-047-21431-00-00 SCHNACK-PYLE 3-15 SE/4 Sec.15-24S-16W Edwards County, Kansas

## Dear Loveness Mpanje:

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 05/07/2020.

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 05/07/2020.

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, Michael Maier KCC DISTRICT 1