KOLAR Document ID: 1526431

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-111
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# 34291
Name: Hodges, Dennis D. and/or Peggy D.
Address 1: 1827 RD Z
Address 2:
City: READING State: KS Zip: 66868 + _ _ _ _
Contact Person: Dennis D. Hodges
Phone: (620) 341-7100
Contact Person Email:
Field Contact Person:
Field Contact Person Phone: ( ) _____

API No. 15- 15-031-23515-00-00
Spot Description:
NE - NE - NE - SE Sec. 11 Twp. 21 S. R. 13 ☑ E ☐ W
2473 feet from ☐ N / ☑ S Line of Section
167 feet from ☑ E / ☐ W Line of Section
GPS Location: Lat: _____ (e.g. xx.xxxxx) , Long: _____ (e.g. -xxx.xxxxx)
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Coffey Elevation: _____ ☐ GL ☐ KB
Lease Name: DEAN WILSON Well #: 2
Well Type: *(check one)* ☑ Oil ☐ Gas ☐ OG ☐ WSW ☐ Other: _____
☐ SWD Permit #: _____ ☐ ENHR Permit #: _____
☐ Gas Storage Permit #: _____
Spud Date: 05/09/2013 Date Shut-In: 07/20/2013

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	na	8.625	5.5	na	na	na
Setting Depth		150	148			
Amount of Cement		100	140			
Top of Cement		0	na			
Bottom of Cement		150	1848			

Casing Fluid Level from Surface: 583 How Determined? Measuring line and float Date: 08/07/2020
Casing Squeeze(s): _____ (top) to _____ (bottom) w / _____ sacks of cement, _____ (top) to _____ (bottom) w / _____ sacks of cement. Date: _____
Do you have a valid Oil & Gas Lease? ☑ Yes ☐ No
Depth and Type: ☐ Junk in Hole at _____ (depth) ☐ Tools in Hole at _____ (depth) Casing Leaks: ☐ Yes ☐ No Depth of casing leak(s): _____
Type Completion: ☑ ALT. I ☐ ALT. II Depth of: ☐ DV Tool: _____ (depth) w / _____ sacks of cement ☐ Port Collar: _____ (depth) w / _____ sack of cement
Packer Type: _____ Size: _____ Inch Set at: _____ Feet
Total Depth: 1850 Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Formation Name Formation Top Formation Base Completion Information

1. _____ At: _____ to _____ Feet Perforation Interval 1751 to 1762 Feet or Open Hole Interval _____ to _____ Feet
2. _____ At: _____ to _____ Feet Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

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: Rodney Breeze E.C.R.S. Comments: _____
TA Approved: ☑ Yes ☐ Denied Date: 08/18/2020

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

Fluid Level Check

[redacted]

DOCKET# _____

Disposal Well [ ] Enhanced Recovery: Repressuring [ ] Flood [ ] Tertiary [ ]

Fluid level Check

Date injection started _____

API #15- 031-23,515

NE NE NESE, Sec 11, T 21 S,R 13 (E) W

2478 Feet from South Section Line

167 Feet from East Section Line

Lease Dean Wilson Well # 2

County Coffey

Operator: Name & Address: Dennis & Peggy Hodges

Operator License# _____

Contact Person _____

Phone 620 - 341 - 7100

Max. Auth. Injection Press _____ Psi; Max Inj. Rate _____ bbl/d;

If Dual Completion – Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Tubing
Size		8 5/8"	5 1/2"		Size
Set at		150'	1848'		Set at
Cement Top					Type
" Bottom		150'	1848'		

DV/Perf. _____ TD (and plug back) _____ ft. depth

Packer type _____ Size _____ Set at _____

Zone of injection _____ ft. to ft. Perf. or open hole Perforated at 1751.5'

Type MIT: Pressure: [ ] Radioactive Tracer Survey: [ ] Temperature Survey: [ ]

FIELD DATA

Time: Start _____ Min _____ Min _____ Min

Pressures: _____ _____ _____ Set up 1 System Pres. during test _____

Fluid level Check Set up 2 Annular Pres. during test _____

_____ _____ _____ Set up 3 Fluid loss during test _____ bbls.

Tested: Casing [ ] or Casing – Tubing Annulus [ ]

Fluid level was checked with measuring line & Float

The bottom of the tested zone in shut in with _____

Test Date 8/7/2020 Using Midwest Surveys Inc. Company's Equipment

The operator hereby certifies that the zone between _____ feet and _____ feet

was the zone tested Ryan Hemmecke

Signature Title

The results were Satisfactory _____ Marginal _____ Not Satisfactory _____

State Agent: _____ Title: _____ Witness: YES _____ NO _____

REMARKS: Fluid level Check: Fluid was 583' from surface

[ ] Orgin. Conservation Div.: [ ] KDHE/T: [ ] Dist. Office

[ ] Computer Update **Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)** [ ]

(If YES please describe in REMARKS)

GPS Lat _____ **GPS Long** _____

KCC Form U-7

Conservation Division
District Office No. 3
137 E. 21st Street
Chanute, KS 66720

Kansas
Corporation Commission

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

August 18, 2020

Dennis D. Hodges
Hodges, Dennis D. and/or Peggy D.
1827 RD Z
READING, KS 66868

Re: Temporary Abandonment
API 15-031-23515-00-00
DEAN WILSON 2
SE/4 Sec.11-21S-13E
Coffey County, Kansas

Dear Dennis D. Hodges:

"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 08/18/2021.

* 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 08/18/2021.

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

Very truly yours,

Rodney Breeze E.C.R.S."