

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone:(_____) _____
Contact Person Email: _____
Field Contact Person: _____
Field Contact Person Phone: (_____) _____

API No. 15- _____
Spot Description: _____
- - - - - Sec. _____ Twp. _____ S. R. _____ E W
_____ feet from N / S Line of Section
_____ feet from E / W Line of Section
GPS Location: Lat: _____, Long: _____
Datum: NAD27 NAD83 WGS84
County: _____ Elevation: _____ GL KB
Lease Name: _____ Well #: _____
Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
Spud Date: _____ Date Shut-In: _____

Table with 7 columns: Conductor, Surface, Production, Intermediate, Liner, Tubing. Rows include Size, Setting Depth, Amount of Cement, Top of Cement, Bottom of Cement.

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____
Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ 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: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
Packer Type: _____ Size: _____ Inch Set at: _____ Feet
Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Table with 4 columns: Formation Name, Formation Top, Formation Base, Completion Information. Rows 1 and 2.

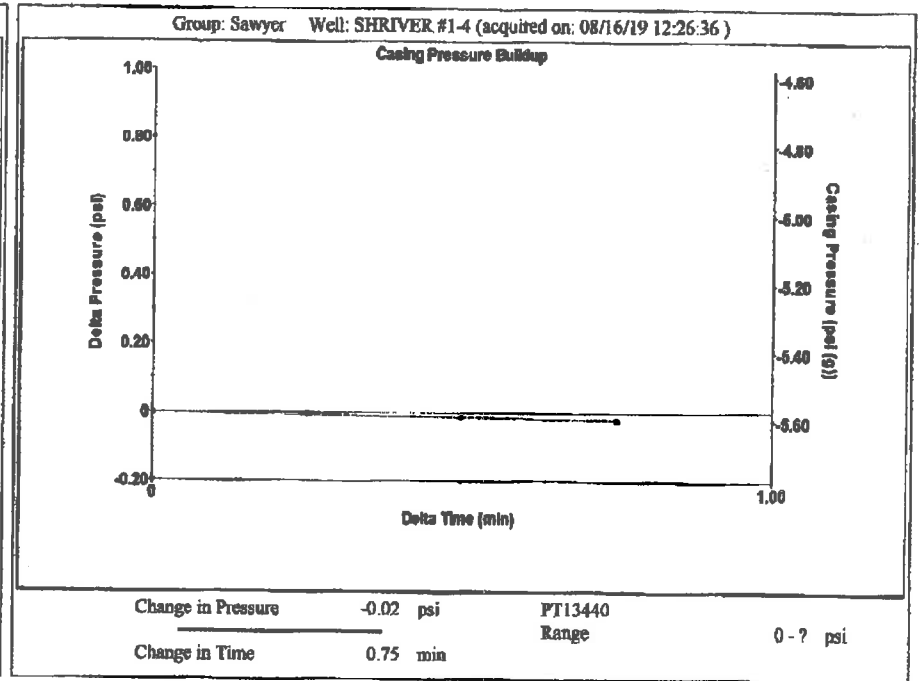
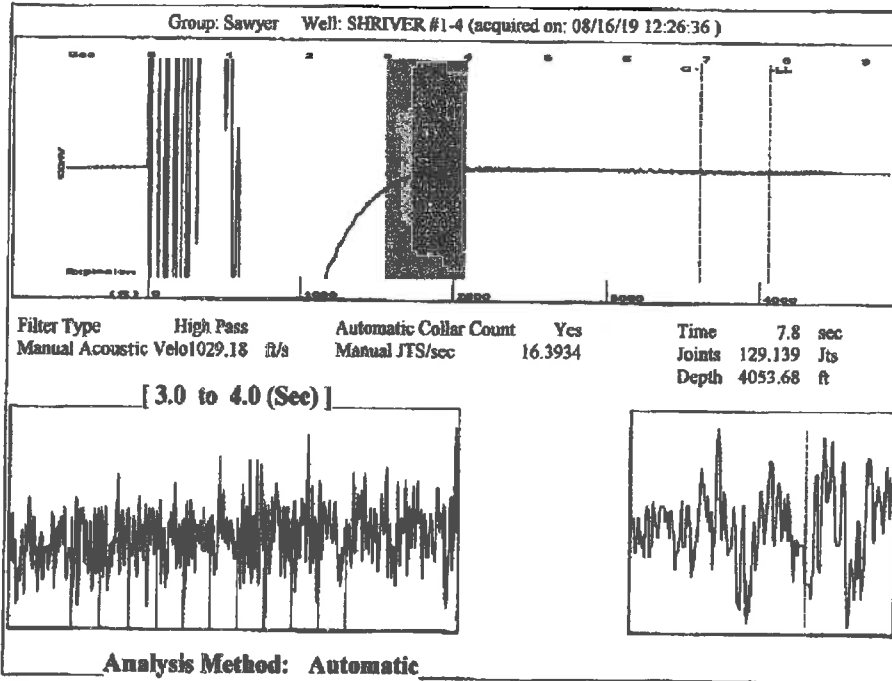
UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

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: _____ Comments: _____
TA Approved: Yes Denied Date: _____

Mail to the Appropriate KCC Conservation Office:

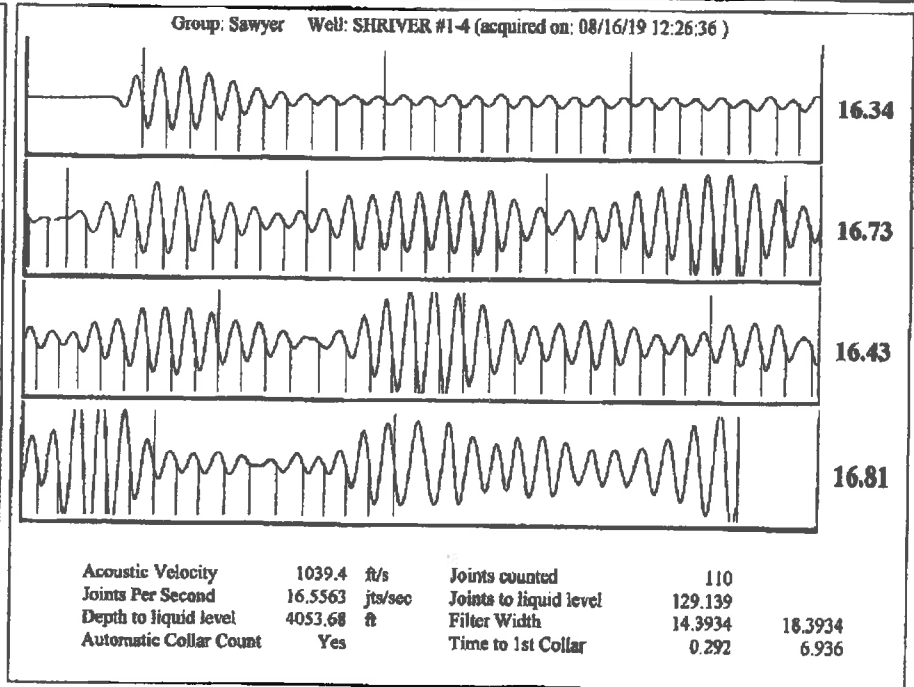
Table with 3 columns: District Office, Address, Phone. Rows for District Office #1, #2, #3, #4.



Group: Sawyer Well: SHRIVER #1-4 (acquired on: 08/16/19 12:26:36)

Production	Potential	Casing Pressure	Producing
Current			
Oil - * -	- * - BBL/D	-5.6 psi (g)	
Water - * -	- * - BBL/D	Casing Pressure Buildup	Annular Gas Flow
Gas - * -	- * - Mscf/D	-0.0 psi	0 Mscf/D
		0.75 min	% Liquid
		Gas/Liquid Interface Pressure	100 %
		-4.3 psi (g)	
IPR Method Vogel		Liquid Level Depth	
PRHP/SBHP - * -		4053.68 ft	
Production Efficiency 0.0		Pump Intake Depth	
		4615.00 ft	
Oil 40 deg.API		Formation Depth	
Water 1.05 Sp.Gr.H2O		4552.00 ft	
Gas 0.95 Sp.Gr.AIR			
Acoustic Velocity 1039.4 ft/s			
Formation Submergence			
Total Gaseous Liquid Column HT (TVD)	561 ft		
Equivalent Gas Free Liquid HT (TVD)	561 ft		
Acoustic Test			

Pump Intake 187.1 psi (g)
 Producing BHP 165.8 psi (g)
 Static BHP - * - psi (g)



August 25, 2020

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

Re: Temporary Abandonment
API 15-007-22728-00-02
SHRIVER J M OWWO 1-4
SE/4 Sec.04-30S-14W
Barber County, Kansas

Dear Loveness Mpanje:

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

Needs a current fluid level shot

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by 09/24/2020.

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