

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 _____ Tools in Hole at _____ 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 Data:

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 1-4.

CASING MECHANICAL INTEGRITY TEST

DOCKET # 0-30971.0

Disposal Enhanced Recovery:

SE-SW-NW-NN Sec 34, T 27 S, R 18

Repressuring
Flood
Tertiary

4341 Feet from South Section Line
4931 Feet from East Section Line

Date injection started Sept. 2011
API #15 - 097 - 21704-00-00

Lease Anthony Well # 5-34
County Kiowa

Operator: L.O. Drilling, Inc.
Name &
Address 7 SW 26th Ave.

Operator License # 60039
Contact Person Steve Bundy

Great Bend, KS 67530-6525 Phone 620-793-2912

Max. Auth. Injection Press. ^(15" vacuum) 0 psi; Max. Inj. Rate ⁽¹⁵⁰⁾ 5000 bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Tubing
Size		<u>8 5/8"</u>	<u>5 1/2"</u>		Size <u>2 3/8"</u>
Set at		<u>480'</u>	<u>5227'</u>		Set at <u>5177'</u>
Cement Top		<u>0</u>	<u>4040'</u>		Type <u>Seal-777</u>
" Bottom		<u>480'</u>	<u>5227'</u>		
DV/Perf.			TD (and plug back) <u>5600</u>		ft. depth
Packer type <u>stainless steel compression</u>			Size <u>2 7/8" x 5 1/2"</u>		Set at <u>5177</u>
Zone of injection <u>Arbuckle</u>		ft. to ft. <u>5227-5000</u>		Perf. or <u>open hole</u>	<u>open hole</u>

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 10 Min. 20 Min. 30 Min.

E Pressures: 320# 320# 320# Set up 1 System Pres. during test 0
 L Set up 2 Annular Pres. during test 320#
 D Set up 3 Fluid loss during test 0 bbls.

T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with a packer

Test Date 6/30/16 Using Nicholas Water Service, LLC Company's Equipment

The operator hereby certifies that the zone between 0 feet and 5177 feet was the zone tested
Signature Steve Bundy Title _____

The results were Satisfactory , Marginal _____, Not Satisfactory _____
 State Agent Eric MacLaren Title ECRS Witness: Yes No _____
 REMARKS: 5 year retest.

September 01, 2020

MARILYN DAVIS
L. D. Drilling, Inc.
7 SW 26TH AVE
GREAT BEND, KS 67530-6525

Re: Temporary Abandonment
API 15-097-21704-00-00
ANTHONY 5-34
NW/4 Sec.34-27S-18W
Kiowa County, Kansas

Dear MARILYN DAVIS:

"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 09/01/2021.

- * 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 09/01/2021.

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

Very truly yours,

Michael Maier"