KOLAR Document ID: 1529455

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CF-111 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

| OPERATOR: License#   |                      |  |            |             | API No. 15-                   |                           |                       |                     |   |            |              |               |        |
|--|----------------------|--|------------|-------------|-------------------------------|---------------------------|-----------------------|---------------------|---|------------|--------------|---------------|--------|
| Name:  |                      |  |            |             | Spot Description:             |                           |                       |                     |   |            |              |               |        |
| Address 1:   |                      |  |            |             |                               |                           |                       | S. R DE W           |   |            |              |               |        |
| Address 2:   |                      |  |            |             |                               |                           |                       |                     |   |            |              |               |        |
|  |                      |  |            |             |                               |                           |                       |                     | Lease Name: Well #:                               |            |              |               |        |
|  |                      |  |            |             |                               |                           |                       |                     | Well Type: (check one)  Oil  Gas  OG  WSW  Other: |            |              |               |        |
|  |                      |  |            |             |                               |                           |                       |                     | SWD Permit #: ENHR Permit #:                      |            |              |               |        |
|  |                      |  |            |             | ricia contact i croom i mone. | ()                        |                       |                     | -   | _          | -            |               |        |
|  |                      |  |            |             |                               |                           |                       |                     | S   | pud Date:_ |              | Date Shut-In: |        |
|  |                      |  |            |             |                               | Conductor                 | Surface               |                     | Producti  | ion        | Intermediate | Liner         | Tubing |
| Size   |                      |  |            |             |                               |                           |                       |                     |   |            |              |               |        |
| Setting Depth  |                      |  |            |             |                               |                           |                       |                     |   |            |              |               |        |
| Amount of Cement   |                      |  |            |             |                               |                           |                       |                     |   |            |              |               |        |
| Top of Cement  |                      |  |            |             |                               |                           |                       |                     |   |            |              |               |        |
| Bottom of Cement   |                      |  |            |             |                               |                           |                       |                     |   |            |              |               |        |
| Casing Fluid Level from Surfa                                      | ice:                 | 1  | How Determ | ined?       |                               |                           |                       | Date:               |   |            |              |               |        |
| Casing Squeeze(s): to w / sacks of cement, to w / sacks of cement. |                      |  |            |             |                               |                           |                       |                     |   |            |              |               |        |
| Do you have a valid Oil & Gas                                      |                      |  |            |             | ·                             | ŕ                         |                       |                     |   |            |              |               |        |
| Depth and Type:  |                      |  |            |             |                               |                           |                       | w / sack of cement  |   |            |              |               |        |
| acker Type: Size: Inch   |                      |  |            | Inch Set a  | Set at: Feet                  |                           |                       |                     |   |            |              |               |        |
| Total Depth:   | Plug Back Depth:     |  |            | Plug        | Plug Back Method:             |                           |                       |                     |   |            |              |               |        |
| Geological Date:   |                      |  |            |             |                               |                           |                       |                     |   |            |              |               |        |
| Formation Name Formation Top Formation Base                        |                      |  |            |             | Completion Information        |                           |                       |                     |   |            |              |               |        |
| 1  | At:                  | to   | Feet       | Perforation | n Interval _                  | to                        | Feet or Open Hole Int | erval toFeet        |   |            |              |               |        |
| 2  | At:                  | to   | Feet       | Perforation | n Interval                    | to                        | Feet or Open Hole Int | erval toFeet        |   |            |              |               |        |
| IINDED DENALTY OF BED I  | IIDVIUEDEDV ATTI     | OT THAT THE IN   | EODMATIO!  | NI CONTAI   | NED HEDE                      | IN ICTOLIE AND            | CORRECT TO THE RE     | ST OF MV KNOW! FDCE |   |            |              |               |        |
|  |                      | Su   | bmitted    | Flectro     | onically                      |                           |                       |                     |   |            |              |               |        |
|  |                      | <b>G</b> u   |            |             | 5 <b>5</b>                    |                           |                       |                     |   |            |              |               |        |
| Do NOT Write in This<br>Space - KCC USE ONLY                       | Date Tested: Results |  |            | s:          |                               | Date Put Back in Service: |                       |                     |   |            |              |               |        |
| Review Completed by:   |                      |  |            | Comments    | :                             |                           |                       |                     |   |            |              |               |        |
| TA Approved: Yes   | Denied Date:         |  |            |             |                               |                           |                       |                     |   |            |              |               |        |
|  |                      | Mail to t  | he Appropr | riate KCC   | Conserva                      | tion Office:              |                       |                     |   |            |              |               |        |
| Shaper States Street State Page State States States States States  | KCC Dist             | KCC District Office #1 - 210 E. Frontview, Suit  |            |             |                               | , KS 67801                | Phone 620.682.7933    |                     |   |            |              |               |        |
|  | KCC Dist             | 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

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

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



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

Susan K. Duffy, Chair Dwight D. Keen, Commissioner Andrew J. French, Commissioner

September 14, 2020

Hank Hickert Hickert, Urban H. dba Tyrok 395400 W. 600 RD COPAN, OK 74022-4926

Re: Temporary Abandonment API 15-125-26360-00-00 RE-CON 2 NW/4 Sec.12-35S-16E Montgomery County, Kansas

## Dear Hank Hickert:

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 10/14/2020.

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 10/14/2020.

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, Dallas Logan E.C.R.S. KCC DISTRICT 3