KOLAR Document ID: 1525110

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# 33936
Name: Griffin, Charles N.
Address 1: PO BOX 347
Address 2:
City: PRATT State: KS Zip: 67124 + 0347
Contact Person: Eli J. Felts
Phone: (316) 204-5059
Contact Person Email: ejfelts47@gmail.com
Field Contact Person: Andy Musgrove
Field Contact Person Phone: (316) 221-0369

API No. 15- 15-093-20757-00-01
Spot Description:
__ - __ - SE - SW Sec. 12 Twp. 21 S. R. 35 ☐ E ☑ W
660 feet from ☐ N / ☑ S Line of Section
1980 feet from ☐ E / ☑ W Line of Section
GPS Location: Lat: (e.g. xx.xxxxx) , Long: (e.g. -xxx.xxxxx)
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Kearny Elevation: 3089 ☐ GL ☑ KB
Lease Name: ODD WILLIAMS Well #: 3
Well Type: *(check one)* ☐ Oil ☐ Gas ☐ OG ☑ WSW ☐ Other:
☐ SWD Permit #: ☐ ENHR Permit #:
☐ Gas Storage Permit #:
Spud Date: 06/27/2007 Date Shut-In: 08/06/2014

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	0	8.625	5.5	0	0	2.875
Setting Depth	0	615	4192	0	0	3594
Amount of Cement	0	400	200	0	0	0
Top of Cement	0	0	2950	0	0	0
Bottom of Cement	0	615	5000	0	0	0

Casing Fluid Level from Surface: 1364 How Determined? Echo Meter Date: 10/05/2020
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: 5000 Plug Back Depth: 4136 Plug Back Method: Cement

Geological Date:

Formation Name Formation Top Formation Base Completion Information
1. ____ At: ____ to ____ Feet Perforation Interval 3632 to 3860 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: Michael Maier Comments:
TA Approved: ☑ Yes ☐ Denied Date: 10/06/2020

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

Conservation Division
District Office No. 1
210 E. Frontview, Suite A
Dodge City, KS 67801

Kansas
Corporation Commission

Phone: 620-682-7933
http://kcc.ks.gov/

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

Laura Kelly, Governor

October 06, 2020

Eli J. Felts
Griffin, Charles N.
PO BOX 347
PRATT, KS 67124-0347

Re: Temporary Abandonment
API 15-093-20757-00-01
ODD WILLIAMS 3
SW/4 Sec.12-21S-35W
Kearny County, Kansas

Dear Eli J. Felts:

"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 10/06/2021.

* 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 10/06/2021.

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

Very truly yours,

Michael Maier"