

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form must be Typed
Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

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

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
CASING MECHANICAL INTEGRITY TEST**

Form U-7  
August 2019

Disposal:  Enhanced Recovery:  KCC District No.: \_\_\_\_\_  
 Operator License No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

API No.: \_\_\_\_\_ Permit No.: \_\_\_\_\_  
 \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ Sec. \_\_\_ Twp. \_\_\_ S. R. \_\_\_  East  West  
 \_\_\_\_\_ Feet from  North /  South Line of Section  
 \_\_\_\_\_ Feet from  East /  West Line of Section  
 Lease: \_\_\_\_\_ Well No.: \_\_\_\_\_  
 County: \_\_\_\_\_

Well Construction Details:  New well  Existing well with changes to construction  Existing well with no changes to construction

Maximum Authorized Injection Pressure: \_\_\_\_\_ psi Maximum Injection Rate: \_\_\_\_\_ bbl/d

	<i>Conductor</i>	<i>Surface</i>	<i>Intermediate</i>	<i>Production</i>	<i>Liner</i>	<i>Tubing</i>
Size: _____	_____	_____	_____	_____	_____	Size: _____
Set at: _____	_____	_____	_____	_____	_____	Set at: _____
Sacks of Cement: _____	_____	_____	_____	_____	_____	Type: _____
Cement Top: _____	_____	_____	_____	_____	_____	
Cement Bottom: _____	_____	_____	_____	_____	_____	

Packer Type: \_\_\_\_\_ Set at: \_\_\_\_\_

DV Tool  Port Collar Depth of: \_\_\_\_\_ feet with \_\_\_\_\_ sacks of cement TD (and plug back): \_\_\_\_\_ feet depth

**Zone of Injection** Formation: \_\_\_\_\_ Top Feet: \_\_\_\_\_ Bottom Feet: \_\_\_\_\_ Perf. or Open Hole: \_\_\_\_\_

Is there a Chemical Sealant or a Mechanical Casing patch in the annular space?  Yes  No

**If Dual Completion** - Injection is:  Above Production  Below Production

**FIELD DATA**

GPS Location: Datum:  NAD27  NAD83  WGS84 Lat: \_\_\_\_\_ Long: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

MIT Type: \_\_\_\_\_ MIT Reason: \_\_\_\_\_

Time in Minute(s): \_\_\_\_\_

Pressures: Set up 1 \_\_\_\_\_

Set up 2 \_\_\_\_\_

Set up 3 \_\_\_\_\_

Tested:  Casing  or Casing - Tubing Annulus System Pressure during test: \_\_\_\_\_ Bbls. to load annulus: \_\_\_\_\_

Test Date: \_\_\_\_\_ Using: \_\_\_\_\_ Company's Equipment

The zone tested for this well is between \_\_\_\_\_ feet and \_\_\_\_\_ feet.

The test results were verified by operator's representative:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

<p><b>KCC Office Use Only</b></p> <p>The results were:</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Not Satisfactory</p> <p>Next MIT: _____</p>	<p>State Agent: _____ Title: _____ Witness: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>
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November 03, 2020

D S LANGSTON  
Langston Oil & Gas LLC  
310 W CENTRAL AVE STE 202  
WICHITA, KS 67202-1004

Re: Temporary Abandonment  
API 15-159-06549-00-01  
REIF B 2  
NW/4 Sec.31-18S-10W  
Rice County, Kansas

Dear D S LANGSTON:

"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 11/03/2021.

- \* 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 11/03/2021.

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

Very truly yours,

Keith Karlin ECRS"