## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

July 2017 Form must be Typed Form must be signed All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| PERATOR: License#lame:          |                     |                    |   | API No. 15-                  |                     |  |                  |           |  |
|---------------------------------|---------------------|--------------------|---|------------------------------|---------------------|--|------------------|-----------|--|
|                                 |                     |                    |   | Spot Description:            |                     |  |                  |           |  |
| Address 1:                      |                     |                    |   |                              | Sec                 | Twp S. R.                                |                  | E W       |  |
| Address 2:                      |                     |                    |   |                              |                     | feet from N /                            | =                |           |  |
| City:                           | _ Zip: + .          |                    |   |                              |                     |  |                  |           |  |
| Contact Person:                 |                     |                    |   |                              |                     |  |                  |           |  |
| Phone:( )                       |                     |                    |   |                              |                     |  |                  |           |  |
| Contact Person Email:           |                     |                    |   |                              |                     | Well #:                                  |                  |           |  |
| ield Contact Person:            |                     |                    | Well Type: (check one)  Oil  Gas  OG  WSW  Other: |                              |                     |  |                  |           |  |
| ield Contact Person Phone: ( )  |                     |                    |   | SWD Permit #: ENHR Permit #: |                     |  |                  |           |  |
|                                 |                     |                    |   | _                            | •                   | <br>Date Shut-In:                        |                  |           |  |
|                                 |                     |                    |   |                              |                     |  |                  |           |  |
|                                 | Conductor           | Surface            | Pro   | oduction                     | Intermediate        | Liner                                    | Tubing           |           |  |
| Size                            |                     |                    |   |                              |                     |  |                  |           |  |
| Setting Depth  Amount of Cement |                     |                    |   |                              |                     |  |                  |           |  |
| Top of Cement                   |                     |                    |   |                              |                     |  |                  |           |  |
| Bottom of Cement                |                     |                    |   |                              |                     |  |                  |           |  |
|                                 |                     | 1                  |   |                              |                     |  |                  |           |  |
| Casing Fluid Level from Sur     | face:               | How                | Determined?                                       |                              |                     | Dat                                      | e:               |           |  |
| Casing Squeeze(s):              | to w /              | sacks of           | f cement,   | to                           | (bottom) W /        | sacks of cement. Dat                     | e:               |           |  |
| o you have a valid Oil & G      |                     |                    |   |                              |                     |  |                  |           |  |
|                                 |                     |                    | Ca  | sing Leaks:                  | Ves No Denth        | of casing leak(s):                       |                  |           |  |
|                                 |                     |                    |   |                              |                     | of casing leak(s):                       |                  |           |  |
|                                 |                     |                    |   |                              |                     | Collar: w /                              | sack o           | of cement |  |
| Packer Type:                    | Size:               |                    | Inch  | Set at:                      | Fee                 | t  |                  |           |  |
| otal Depth:                     | Plug Bad            | ck Depth:          |   | Plug Back Metho              | od:                 |  |                  |           |  |
| Geological Date:                |                     |                    |   |                              |                     |  |                  |           |  |
| Formation Name                  | Formation           | Top Formation Base |   |                              | Completion          | Information                              |                  |           |  |
| offination Name                 |                     | to F               |   | ration Interval              |                     | Information<br>et or Open Hole Interval_ | to               | Foot      |  |
|                                 |                     |                    |   |                              |                     | et or Open Hole Interval _               |                  |           |  |
|                                 | At                  | t0 F               | eet Fenc  | ialion intervar –            | t0 Fe               | et of Open Hole interval =               | 10               |           |  |
| INDED DENALTY OF DED            | IIIDV I LEBEBY ATTE | ET TUAT THE INCOR  | MATION CO   | NITAINED LIED                | EIN IS TOLIE AND CO | ADDECT TO THE DEST OF                    | MAN TANOVALI E   | :DCE      |  |
|                                 |                     | Subm               | itted Ele   | ctronically                  | /                   |  |                  |           |  |
|                                 |                     |                    |   |                              | ,                   |  |                  |           |  |
|                                 |                     |                    |   |                              |                     |  |                  |           |  |
|                                 |                     |                    | Results:  |                              | Date Plugged:       | Date Repaired: Date F                    | Put Back in Serv | /ice:     |  |
| Space - KCC USE ONLY            |                     |                    |   |                              |                     |  |                  |           |  |
| Review Completed by:            |                     |                    | Comn  | nents:                       |                     |  |                  | ]         |  |
| TA Approved: Yes                | Denied Date:        |                    |   |                              |                     |  |                  |           |  |
|                                 |                     |                    |   |                              |                     |  |                  |           |  |
|                                 |                     | Mail to the A      | nnronriate  | KCC Conserv                  | ation Office:       |  |                  |           |  |

| there have been the total and find the total and the total the total and the total the total and the | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| 1000 1000 1000 1000 1000 1000 1000 100   | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| The control of the co | 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 |

|                                 | •  |  |  | •             |
|---------------------------------|--|--|--|---------------|
| ECHOMETER COMPANY PHONE-        | 940-767-4334 ECHOMETER COM   | PANY PHONE-940-767-4334                      | ECHOMETER COMPANY PHONE-               | 940-767-4334  |
| VELL GLENCH C 1 TAT             |  | 11/02/2020 10: 27:                           |  |               |
| ΔPΔT                            | PBHP SBHP  | 3 FTF UPPER COLLARS A: 7<br>FAP P-P 0.282 mV | 7.5 PULSE                              |               |
| PRODUCTION RATE                 | PROD RATE EFF, %   | <br>LIQUID LEVEL A: 4<br>P-P 1.20 mV         | . 0 12. 6<br>VOLTS                     |               |
| ECHOMETER COMPANY PHQNE-940-7   | 67-4334 ECHOMETER COMPANY  | PHONE-940-767-4334 ECH                       | OMETER COMPANY PHONE-940-7             | 67-4334 ECH   |
| - Warrand                       | MMMM.  | 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1       | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | Mprophryrwy 1 |
| A 4.0                           | V- 1 - 3   |  |  |               |
| ETER COMPANY PHONE-940-767-4334 | ECHOMETER COMPANY PHONE-9  | 40-767-4334 ECHOMETER C                      | OMPANY PHONE-940-767-4334              | ECHOMETER C   |
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| , 6u                            | 7.<br> 5   | 90   | 90                                     |               |
|                                 |  |  |  |               |

Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-261-6250 Fax: 785-625-0564 http://kcc.ks.gov/

Laura Kelly, Governor

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

November 06, 2020

Rich Pancake Murfin Drilling Co., Inc. 250 N WATER STE 300 WICHITA, KS 67202-1216

Re: Temporary Abandonment API 15-051-22718-00-00 WERTH C 1 NW/4 Sec.26-15S-19W Ellis County, Kansas

## Dear Rich Pancake:

"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 11/06/2021.

- \* 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 11/06/2021.

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

Very truly yours,

**RICHARD WILLIAMS"**