July 2017

TEMPORARY ABANDONMENT WELL APPLICATION

Form must be Typed
Form must be signed
II blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

				I												
OPERATOR: License#					API No. 15-											
Name:					Spot Description:											
Address 1:							R									
Address 2:				1			I / S Line of Section									
City:				GPS Location: Lat:, feet from E / W Line of Section, Long:												
Contact Person:					(e.g. xx.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84											
Phone:() Contact Person Email: Field Contact Person:					County:											
									Field Contact Person Phone: ()				SWD Permit #: ENHR Permit #: Spud Date: Date Shut-In:			
	Conductor	Surface	Pro	oduction	Intermediate	Liner	Tubing									
Size																
Setting Depth																
Amount of Cement																
Top of Cement																
Bottom of Cement																
Casing Fluid Level from Su	rface:	How D	etermined?				Date:									
Casing Squeeze(s):																
		_		(top)	(bottom)											
Do you have a valid Oil & G		_														
Depth and Type:	in Hole at	Tools in Hole at	Ca	sing Leaks:	Yes No Depth of	f casing leak(s):										
Type Completion: ALT																
Packer Type:						(depth)										
Total Depth:	Plug Bad	ck Denth:		Plug Back Meth	ood:											
	ug 2	<u></u>														
Geological Date:																
Formation Name Formation Top Formation Base Completion Information																
At: to Feet Perform				ration Interval to Feet or Open Hole Interval to Feet												
2	At:	to Fee	et Perfo	ration Interval	to Fee	t or Open Hole Interv	al toFeet									
LINDED DENALTY OF DE	O ILIDV I HEDEDV ATTE	CT TUAT TUE INCODM	IATION CO	NTAINED HE	DEIN IS TOLIE AND COL		OE MV KNOW! EDGE									
		Submit	ted Ele	ctronical	У											
Do NOT Write in This Date Tested: Results: Space - KCC USE ONLY					Date Plugged:	Date Repaired: Da	te Put Back in Service:									
					Date i lugged.	Date Repaired. Da	te i ut back iii deivice.									
•																
Review Completed by:			Comr	nents:												
TA Approved: Yes	Denied Date:															
		Mail to the Ap	propriate	KCC Conser	vation Office:											
Strains Spring Street State State State and Strains in	KCC Distr	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,				7226	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/

Laura Kelly, Governor

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

April 09, 2021

Roscoe G. Jackson II Jackson Brothers, L.L.C. 116 E 3RD ST EUREKA, KS 67045-1747

Re: Temporary Abandonment API 15-073-01483-00-00 NIXON B O-4 NE/4 Sec.34-24S-09E Greenwood County, Kansas

Dear Roscoe G. Jackson II:

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 05/09/2021.

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 05/09/2021.

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, Rodney Breeze ECRS KCC DISTRICT 3