

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDONMENT WELL APPLICATION

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. _____ E W
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 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: _____

	Conductor	Surface	Production	Intermediate	Liner	Tubing
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: _____
(top) (bottom) (top) (bottom)
 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): _____
(depth) (depth)
 Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)
 Packer Type: _____ Size: _____ Inch Set at: _____ Feet
 Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

Formation Name	Formation Top	Formation Base	Completion Information
1. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ 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: _____ Comments: _____				
TA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> Denied Date: _____					

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

CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

Repressuring

Flood

Tertiary

Date injection started _____

API #15 - 127 - 00 193

SE NW NW SE DOCKET # _____

Sec 26, T 15 S, R 9 EW

2163 Feet from South Section Line

2762 Feet from East Section Line

Lease E.I. Betty Well # 1

County MORRIS

Operator: ENERGY LOW ENERGY LLC dba Operator License # 35785

Name & Address 6908 NW 112th Oklahoma City Oklahoma 73162-2976

Contact Person Scott Miller

Phone (620) 341-3133

Max. Auth. Injection Press. _____ psi ; Max. Inj. Rate _____ bbl/d;

If Dual Completion - Injection above production _____ Injection below production _____

Size	Conductor	Surface	Production	Liner	Tubing
Set at		<u>8 1/2"</u>	<u>5 1/2"</u>	<u>4 1/2"</u>	
Cement Top		<u>155'</u>	<u>300</u>	<u>3017</u>	
" Bottom		<u>100 SX</u>	<u>150</u>	<u>80</u>	
DV/Perf.		<u>155</u>	<u>2346 TOC</u>		
Packer type					
Zone of injection					

TD (and plug back) _____ ft. depth

Set at _____

Perf. or Open hole _____

Type MIT: Pressure Radioactive Tracer Survey Temperature Survey

Time: Start 10 Min. 20 Min. 30 Min.

Pressures: 300 300 300 Set up 1 System Pres. during test _____

Set up 2 Annular Pres. during test _____

Set up 3 Fluid loss during test _____ bbls

Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with _____

Test Date 4-29-21 Using GLACIER WELL SERVICE Company's Equipment

The operator hereby certifies that the zone between 0 feet and _____ feet

is the zone tested _____

Signature _____ Title _____

Results were Satisfactory Marginal _____ Not Satisfactory _____

Agent Jason Spallone Title _____ Witness: Yes No _____

Remarks: LINER NOT DRILLED OUT

Conservation Division
District Office No. 2
3450 N. Rock Road
Building 600, Suite 601
Wichita, KS 67226



Phone: 316-337-7400
Fax: 316-630-4005
<http://kcc.ks.gov/>

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

Laura Kelly, Governor

April 30, 2021

Tisha Love
Everglow Energy, LLC
6908 N.W. 112TH ST
OKLAHOMA CITY, OK 73162-2976

Re: Temporary Abandonment
API 15-127-00193-00-00
E I BELT 1
SE/4 Sec.26-15S-09E
Morris County, Kansas

Dear Tisha Love:

"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 04/30/2022.

- * 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 04/30/2022.

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

Very truly yours,

Jeff Klock, District Supervisor"