

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

<b>Do NOT Write in This Space - KCC USE ONLY</b>	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

MIT FI TA PURPOSES

# 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.: 33095 Name: OIL PARTNERS, LLC API No.: 15-169-20268 Permit No.: N/A

Address 1: 500 LAUREL BLVD Address 2: PO BOX 1851 R2 NW Sec. 5 Twp. 15 S. R. 2  East  West

City: SALINA State: KS Zip: 67401 + 1851 2310 Feet from  North  South Line of Section

Contact Person: MORRIS SODERVAL Phone: (785) 925-2835 4520 Feet from  East  West Line of Section

Lease: WOODHOUSE Well No.: 3-5

County: SALINE

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

Maximum Authorized Injection Pressure: 0 psi Maximum Injection Rate: 0 bbl/d

	Conductor	Surface	Intermediate	Production	Liner	Tubing
Size:		<u>8.625</u>		<u>5.5</u>		
Set at:		<u>415</u>		<u>3325</u>		
Sacks of Cement:		<u>180</u>		<u>275</u>		
Cement Top:		<u>0</u>				
Cement Bottom:		<u>180</u>		<u>3325</u>		

Packer Type: PRODUCTION PACKER AD-1 Set at: 3200

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

Zone of Injection Formation: N/A 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: 38.77525 Long: 97.57336 Date Acquired: 4-30-2021

Type MIT: \_\_\_\_\_ MIT Reason: TA PURPOSES

Time in Minute(s): 0 10 20 30

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: 6-10-2021 Using: BRACKEN LINE CLEANING Company's Equipment: \_\_\_\_\_

The zone tested for this well is between 3200 feet and 0 feet.

The test results were verified by operator's representative:  
Name: Monnie Schulz Title: Monnie Phone: ( ) \_\_\_\_\_

KCC Office Use Only	State Agent: <u>KEITH KARLIN</u> Title: <u>FCRC</u> Witness: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Remarks: <u>MIT FI TA PURPOSES</u> <u>PRODUCTION PACKER SET @ 3200</u> <u>LEAK BELOW PRODUCTION ITEM</u>
The results were:	
<input type="checkbox"/> Satisfactory	
<input checked="" type="checkbox"/> Not Satisfactory	
Next MIT: _____	

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

June 10, 2021

DUANE THIBAUT  
Oil Partners, LLC  
500 GRAVES BLVD  
PO BOX 1851  
SALINA, KS 67401-1851

Re: Temporary Abandonment  
API 15-169-20268-00-00  
WOODHOUSE 3-5  
SW/4 Sec.05-15S-02W  
Saline County, Kansas

Dear DUANE THIBAUT:

Your application for Temporary Abandonment (TA) for the above-listed well is denied for the following reasons(s):

**Failed MIT  
High Fluid Level**

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by 07/10/2021.

**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,  
Keith Karlin ECRS  
KCC DISTRICT 2