

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

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

Form U-7
August 2019

Disposal: Enhanced Recovery: KCC District No.: 2 API No.: 15-115-21025 Permit No.: _____
 Operator License No. 6804 Name: LACHENMYER OZ NE 52 NE 10 Sec. 9 Twp. 22 S. R. 4 East West
 Address 1: P.O. BOX 526 820 Feet from North / South Line of Section
 Address 2: _____ 1760 Feet from East / West Line of Section
 City: NEWTON State: KS Zip: 67114-0526 Lease: TOLLIFFE Well No.: 2
 Contact Person: John Lachenmyer Phone: 316-284-1991 County: MARTIN

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: _____ bb/d

	Conductor	Surface	Intermediates	Production	Liner	Tubing
Size:	<u>N/A</u>	<u>8.625</u>	<u>N/A</u>	<u>5.5</u>	<u>N/A</u>	<u>N/A</u>
Set at:		<u>200</u>		<u>2553</u>		
Sacks of Cement:		<u>130</u>		<u>50</u>		
Cement Top:		<u>0</u>		<u>2200</u>		
Cement Bottom:		<u>200</u>		<u>2553</u>		
Packer Type:						Set at: _____

DV Tool Port Collar Depth of: _____ feet with _____ sacks of cement TD (and plug back): CEBP 2490 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

RESULTS

GPS Location: Datum: NAD27 NAD83 WGS84 Lat: 38.15665 Long: 96.99915 Date Acquired: 9-29-2022
 Type MIT: CASING MIT Reason: TA
 Time in Minute(s): 10 20 30 _____
 Pressures: Set up 1 300 300 300 _____
 Set up 2 _____
 Set up 3 _____
 Tested: Casing or Casing - Tubing Annulus System Pressure during test: _____ Bble. to load annulus: 376415
 Test Date: 9-29-2022 Using: N2 Company's Equipment: _____
 The zone tested for this well is between 0 feet and 2490 feet.
 The test results were verified by operator's representative:
 Name: John Lachenmyer Title: _____ Phone: (____) _____

KCC Office Use Only The results were: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory Next MIT: _____	State Agent: <u>Thelma King</u> Title: <u>ECRS</u> Witness: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Remarks: <u>LOADED C56 WITH 376415 FRESH WATER - PRESSURED WITH N2 -</u> <u>CEBP + 25x CEMENT @ 2490' - NEXT MIT FOR TA</u> <u>9-29-2025. TEN YEAR TA 2024 -</u>
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October 07, 2022

John Lachenmayr
Lachenmayr Oil LLC
PO BOX 526
NEWTON, KS 67114-0526

Re: Temporary Abandonment
API 15-115-21025-00-00
O JOLLIFFE 2
NW/4 Sec.09-22S-04E
Marion County, Kansas

Dear John Lachenmayr:

"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 10/07/2023.

- * 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 10/07/2023.

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

Very truly yours,

Neal Rupp ECRS"