

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.
GPS Location: Lat: Long:
Datum: NAD27 NAD83 WGS84
County: Elevation:
Lease Name: Well #:
Well Type: Oil Gas OG WSW Other:
SWD Permit #: ENHR Permit #:
Gas Storage Permit #:
Spud Date: Date Shut-In:

Table with 7 columns: Conductor, Surface, Production, Intermediate, Liner, Tubing. Rows include 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:
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):
Type Completion: ALT. I ALT. II Depth of: DV Tool: w / sacks of cement Port Collar: w / sack of cement
Packer Type: Size: Inch Set at: Feet
Total Depth: Plug Back Depth: Plug Back Method:

Geological Date:

Table with 4 columns: Formation Name, Formation Top, Formation Base, Completion Information. Rows 1 and 2.

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

Form with fields: 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: Yes Denied, Date.

Mail to the Appropriate KCC Conservation Office:

Table with 2 columns: Office Address, Phone. Rows for KCC District Office #1, #2, #3, #4.

**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.: 15-11301134-000 Permit No.: _____
 Operator License No.: _____ Name: Plum Creek Energy LLC Sec. 4 Twp. 19 S. R. 2 East West
 Address 1: 604N - Bismarck Ave Feet from North / South Line of Section
 Address 2: _____ Feet from East / West Line of Section
 City: Ellingwood State: KS Zip: 67526 + 1423 Lease: W.W. Johnson Well No.: 4
 Contact Person: Mike Folk Phone: (620) 200-5123 County: McPherson

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: _____ bbl/d

	Conductor	Surface	Intermediate	Production	Liner	Tubing
Size:	_____	<u>8 5/8</u>	_____	<u>5 1/2</u>	_____	_____
Set at:	_____	<u>151</u>	_____	<u>2961</u>	_____	_____
Sacks of Cement:	_____	<u>130</u>	_____	<u>350</u>	_____	_____
Cement Top:	_____	_____	_____	_____	_____	_____
Cement Bottom:	_____	<u>151</u>	_____	<u>151</u>	_____	_____

 Packer Type: _____ Set at: _____
 DV Tool Port Collar Depth of: _____ feet with _____ sacks of cement TD (and plug back): _____ 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
MIT FOR TA PURPOSES

FIELD DATA

GPS Location: Datum: NAD27 NAD83 WGS84 Lat: 38.42139 Long: 97.53855 Date Acquired: 5-5-03
 Type MIT: _____ MIT Reason: TA PURPOSES

Time in Minute(s):	<u>10</u>	<u>20</u>	<u>30</u>	_____	_____	_____
Pressures: Set up 1	<u>300</u>	<u>300</u>	<u>300</u>	_____	_____	_____
Set up 2	_____	_____	_____	_____	_____	_____
Set up 3	_____	_____	_____	_____	_____	_____

 Tested: Casing or Casing - Tubing Annulus System Pressure during test: _____ Bbls. to load annulus: _____
 Test Date: 5-5-2003 Using: Sunflower Well Service Company's Equipment _____
 The zone tested for this well is between 0 feet and _____ feet.
 The test results were verified by operator's representative:
 Name: Derek P Title: _____ Phone: (____) _____

KCC Office Use Only The results were: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory Next MIT: _____	State Agent: <u>Jerry Spawling</u> Title: <u>E.C.R.S.</u> Witness: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Remarks: <u>Squeeze Job 5/2/03</u>

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



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

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

Laura Kelly, Governor

May 09, 2023

Mike Folk
Plum Creek Energy, LLC
604 N. BISMARCK AVE
ELLINWOOD, KS 67526-1423

Re: Temporary Abandonment
API 15-113-01134-00-00
WW JOHNSON 4
SE/4 Sec.04-19S-02W
McPherson County, Kansas

Dear Mike Folk:

"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 05/09/2024.

- * 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 05/09/2024.

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

Very truly yours,

Jerry Sparling, ECRS"