Form must be Typed

### TEMPORARY ABANDON

OPERATOR: License# \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Field Contact Person Phone: ( \_\_\_\_\_ ) \_\_\_\_

Casing Fluid Level from Surface:\_\_\_\_\_

Do you have a valid Oil & Gas Lease? Yes No

Conductor

Casing Squeeze(s): \_\_\_\_\_ to \_\_\_\_ w / \_\_\_\_ sacks of cement,

Depth and Type: 

Junk in Hole at \_\_\_\_\_ Tools in Hole at \_\_\_\_\_ (depth) Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth)

\_\_\_\_\_ At: \_\_\_\_\_ to \_\_\_\_ Feet

LINDED DENALTY OF DED HIDVI HEDERY ATTEST THAT THE INCODMATION OF

\_\_\_ Size: \_\_\_

\_\_ Plug Back Depth: \_\_

Formation Top Formation Base \_\_\_\_ At: \_\_\_\_ to \_\_\_\_ Feet

Surface

Name: \_\_ Address 1: Address 2: \_\_\_\_

Size

Setting Depth Amount of Cement Top of Cement **Bottom of Cement** 

Packer Type: \_\_\_

Total Depth: \_\_\_

Geological Date: Formation Name

Contact Person: \_\_\_\_ Phone:( \_\_\_\_\_ ) \_\_

Field Contact Person: \_\_\_

V D V VID	ONMENT W	ELL APPLICA	TION	Form must be signed				
ADAND	ONIVICINI VV	ELL APPLICA	ATION F	All blanks must be complete				
	API No. 15							
	Spot Desc	Spot Description:						
				R 🗌 E 🔲 W				
				/ S Line of Section				
+	GPS Locat			/ W Line of Section				
	01 0 20001	GPS Location: Lat:, Long:, Long:						
	_	County: Elevation: GL KE						
		Lease Name: Well #:						
				Other:				
	SWD F	SWD Permit #: ENHR Permit #:						
	_	orage Permit #:						
	Spud Date	Spud Date: Date Shut-In:						
ace	Production	Intermediate	Liner	Tubing				
How Dete	rmined?		D	rate:				
				Pate:				
	(top)	(bottom)						
le at	Casing Leaks:	Yes No Depth o	of casing leak(s):					
, , ,		s of cement Port Co	llar: w / .	sack of cement				
		Feet	(depth)					
	Plug Back Metl	nod:						
ion Base		Completion I	oformation					
	Perforation Interval	•		I to Feet				
reet	renoration interval	to Feet	t of Open Hole interva	I toFeet				
EINEODMAT	ION CONTAINED LE	DEIN IS TOLIE AND COR	DECTTO THE DEST	DE MV KNOW! EDGE				
Submitte	d Electronical	lv						
Jabiiiii	a Electionical	' <b>y</b>						

## Submitted El

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 I	Denied Date:				

#### Mail to the Appropriate KCC Conservation Office:



Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

Laura Kelly, Governor

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

May 30, 2023

Robin L Austin Rama Operating Co., Inc. 101 S MAIN ST STAFFORD, KS 67578-1429

Re: Temporary Abandonment API 15-151-00052-00-00 NRSU 7 SW/4 Sec.30-27S-12W Pratt County, Kansas

### Dear Robin L Austin:

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, or obtain temporary abandonment status by 06/29/2023.

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, Michael Maier KCC DISTRICT 1