

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

TWM - MyWells : Debes 29-1H <Shot Trace> acq-[06/12/23 13:11:32] Acoustic Test

File Mode Option Tools Help

Acquire Mode Recall Mode

F2 Setup
F3 Base Well File
F4 P/C DYN ACU Select Test
F5 Acquire Data
F6 Analyze

Select Liquid Level | Depth Determination | Casing Pressure | **RHP** | Collars

Production

	Current	Potential	
Oil			BBL/D
Water			BBL/D
Gas			Mscf/D

IPR Method: Vogel

PBHP/SBHP: _____

Producing Efficiency: 0.0 %

Fluid Densities

Oil	40	deg.API
Water	1.05	Sp.Gr.H2O
Gas Gravity	1.04	Air = 1

Acoustic Velocity: 926.067 ft/s

Casing Pressure: 1.1 psi (g)

Casing Pressure Buildup: -0.036 psi

0.75 min

Gas/Liquid Interface Pres.: _____ psi (g)

Liquid Level Depth: MD 1925.76 ft

Pump Intake Depth: MD _____ ft

TVD: _____

Formation Depth: MD 4563.00 ft

Well State: Producing

Annular Gas Flow: _____ Mscf/D

% Liquid: 100

Pump Intake Pressure: _____ psi (g)

PBHP: _____ psi (g)

Reservoir Pressure (SBHP): _____ psi (g)

Pump Submergence

Total Gaseous Liquid Column HT (TVD): _____ ft

Equivalent Gas Free Liquid HT (TVD): _____ ft

Comment: Acoustic Test

< Pg Up Pg Dwn >

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

June 14, 2023

Jessica Fullerton
Prairie Wolf Operating, LLC
PO BOX 1447
STILWELL, OK 74960-1447

Re: Temporary Abandonment
API 15-155-21602-01-00
DEBES 29 #1H
NW/4 Sec.29-25S-10W
Reno County, Kansas

Dear Jessica Fullerton:

"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 06/14/2024.

- * 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 06/14/2024.

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

Very truly yours,

Virgil Clothier"