

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:

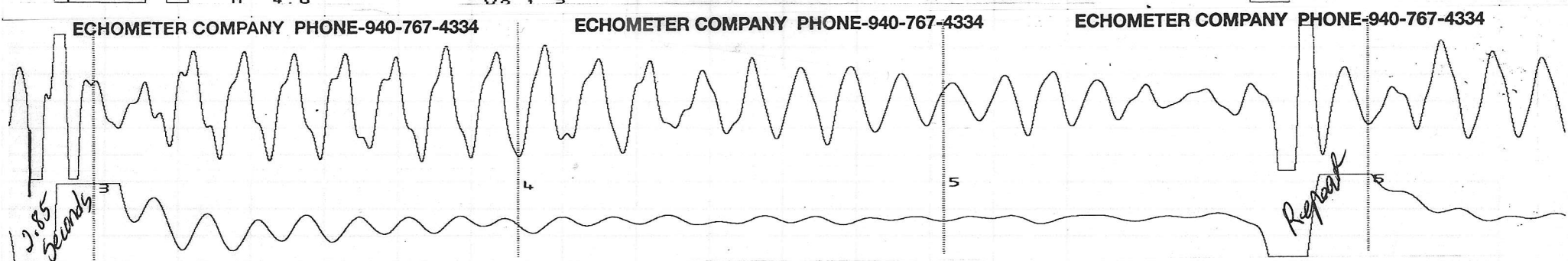
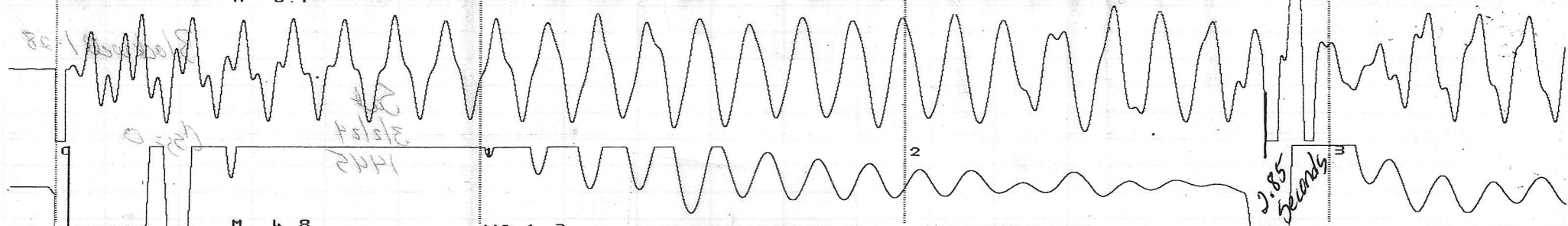
	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.682.7933
	KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.337.7400
	KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720	Phone 620.902.6450
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.261.6250

PRECISION WIRELINE and TESTING
 P.O. BOX 560
 LIBERAL, KANSAS 67905-0560
 620-629-0204

PRODUCER PLATEAU OPERATING CORP. CSG WT SET @ TD PB GL
 WELL NAME BLACKWELL 1-28 TBG WT SET @ SN PKR KB
 LOCATION SE NW NE NE 28-25S-40W PERFS TO TO TO TO
 COUNTY HAMILTON STATE KS PROVER METER TAPS ORIFICE PCR TCR
 GG API @ GM RESERVOIR

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE TEST:	INITIAL	SPECIAL	ENDING	
		CSG PSIG	ΔP CSG	TBG PSIG	ΔP TBG	BHP PSIG	ΔP BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	ANNUAL	RETEST	DATE	3-2-24	
SATURDAY															REMARKS PERTINENT TO TEST DATA QUALITY			
3-2-24															CONDUCT LIQUID LEVEL DETERMINATION TEST			
1445		0													SHOT	SECONDS	DISTANCE	
															#	TO FLUID	TO FLUID	
															1	2.85	1599'	
															2	2.85	1599'	

Y PHONE-940-767-4334 M 8.1 ECHOMETER COMPANY PHONE-940-767-4334 ECHOMETER COMPANY PHONE-940-767-4334 ECHOMETER COMPANY PHC

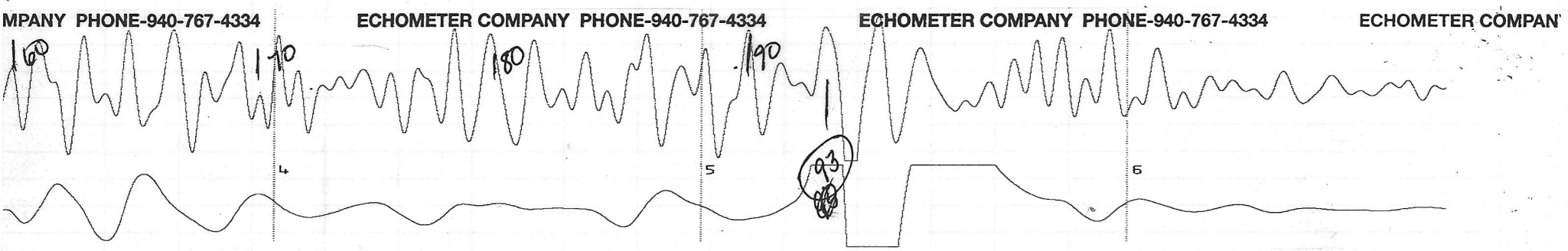
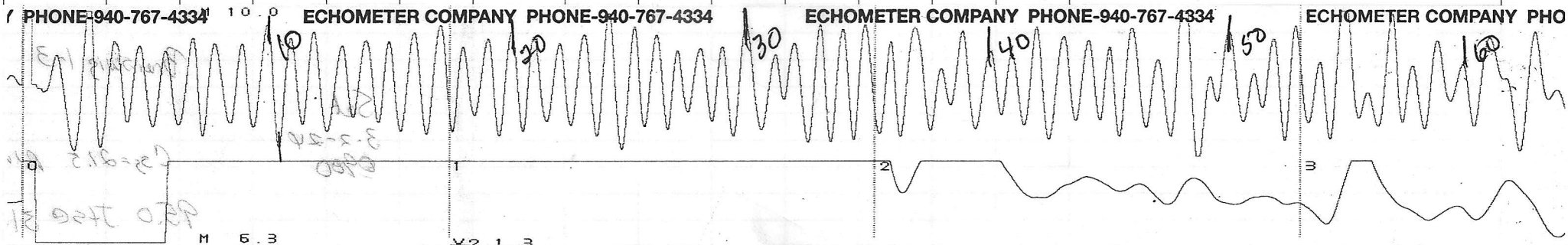


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PRODUCER PLATEAU OPERATING CORP.
 WELL NAME BRUNSWIG 1-3
 LOCATION C NW/4 3-18S-40W
 COUNTY GREELEY STATE KS

CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
 TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
 PERFS _____ TO _____ TO _____ TO _____ TO _____
 PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
 GG _____ API _____ @ _____ GM _____ RESERVOIR _____

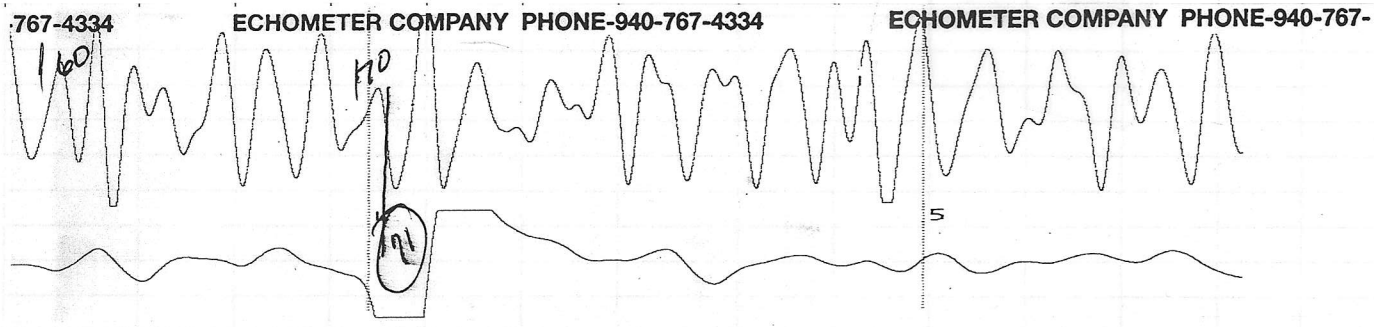
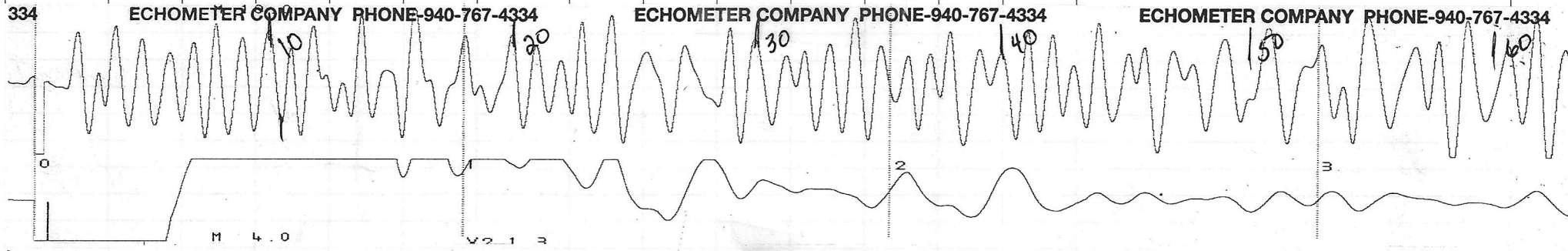
DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE INITIAL _____ SPEICAL _____ ENDING _____ TEST: ANNUAL _____ RETEST _____ DATE <u>3-2-24</u>		
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	REMARKS PERTINENT TO TEST DATA QUALITY		
SATURDAY														ASSUME AVERAGE JT. LENGTH = 31.50'		
3-2-24														CONDUCT LIQUID LEVEL DETERMINATION TEST		
0900		21.5		PUMP OFF										SHOT	JTS TO	DISTANCE
														#	FLUID	TO FLUID
														1	93.0	2930'
														2	93.0	2930'



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PRODUCER PLATEAU OPERATING CORP. CSG WT SET @ TD PB GL
 WELL NAME BYERLEY TUCKER I-11 TBG WT SET @ SN PKR KB
 LOCATION NW NW 11-18S-40W PERFS TO TO TO TO
 COUNTY GREELEY STATE KS PROVER METER TAPS ORIFICE PCR TCR
 GG API @ GM RESERVOIR

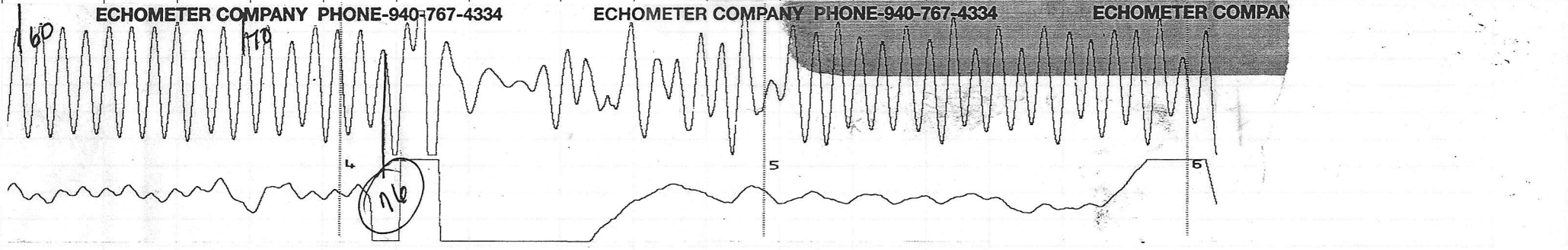
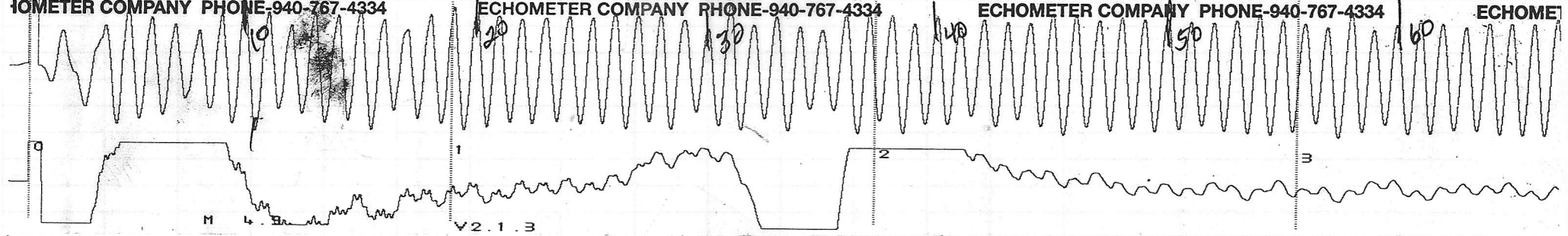
DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE INITIAL <u> </u> SPEICAL <u> </u> ENDING <u> </u> TEST: ANNUAL <u> </u> RETEST <u> </u> DATE <u>3-2-24</u>		
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	REMARKS PERTINENT TO TEST DATA QUALITY		
SATURDAY														ASSUME AVERAGE JT. LENGTH = 31.50'		
3-2-24														CONDUCT LIQUID LEVEL DETERMINATION TEST		
0830		56.7		PUMP OFF										SHOT	JTS TO	DISTANCE
														#	FLUID	TO FLUID
														1	71.0	2237'
														2	71.0	2237'



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PRODUCER PLATEAU OPERATING CORP. CSG WT SET @ TD PB GL
 WELL NAME C DOUBLE 1-16 TBG WT SET @ SN PKR KB
 LOCATION NE 16-25S-40W PERFS TO , TO , TO , TO
 COUNTY HAMILTON STATE KS PROVER METER TAPS ORIFICE PCR TCR
 GG API @ GM RESERVOIR

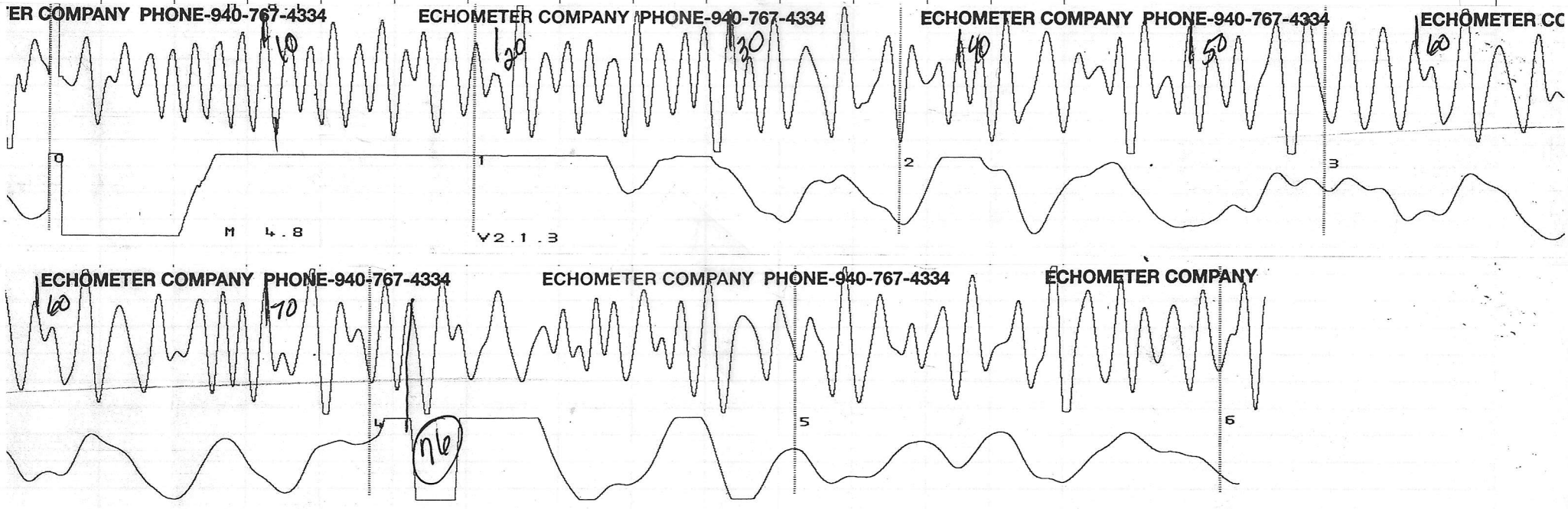
DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE INITIAL <u> </u> SPEICAL <u> </u> ENDING <u> </u> TEST: ANNUAL <u> </u> RETEST <u> </u> DATE <u>3-2-24</u>		
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	REMARKS PERTINENT TO TEST DATA QUALITY		
SATURDAY														ASSUME AVERAGE JT. LENGTH = 31.50'		
3-2-24														CONDUCT LIQUID LEVEL DETERMINATION TEST		
1400		474.0		PUMP OFF										SHOT	JTS TO	DISTANCE
														#	FLUID	TO FLUID
														1	76.0	2394'
														2	76.0	2394'



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PRODUCER PLATEAU OPERATING CORP. CSG WT SET @ TD PB GL
 WELL NAME DURLER 2-21 TBG WT SET @ SN PKR KB
 LOCATION NE 21-25S-40W PERFS TO TO TO TO
 COUNTY HAMILTON STATE KS PROVER METER TAPS ORIFICE PCR TCR
 GG API @ GM RESERVOIR

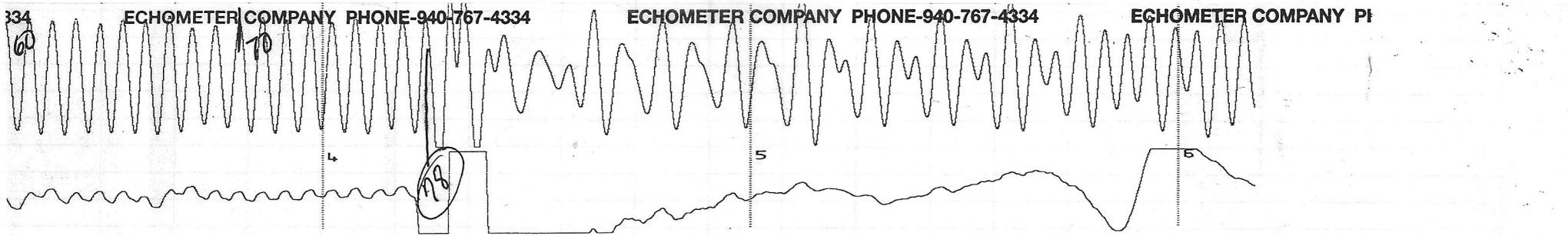
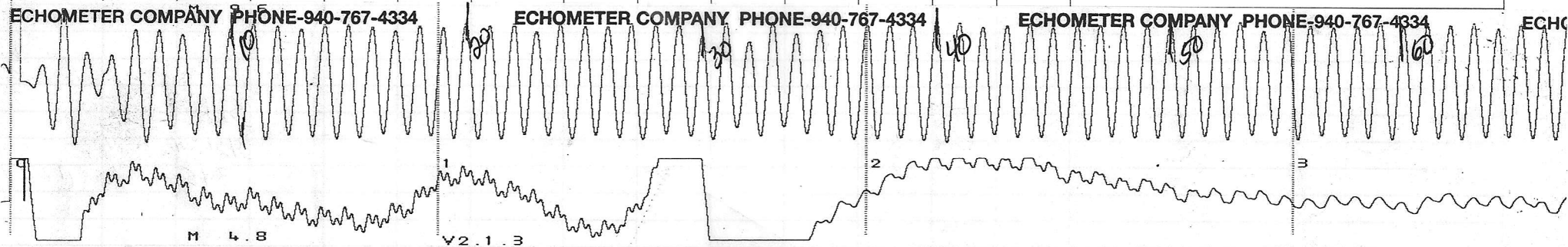
DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE TEST:	INITIAL	SPEICAL	ENDING	
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	ANNUAL	RETEST	DATE	3-2-24	
SATURDAY																		
3-2-24																		ASSUME AVERAGE JT. LENGTH = 31.50'
1430		44.9		PUMP ON														CONDUCT LIQUID LEVEL DETERMINATION TEST
																		SHOT
																		JTS TO
																		DISTANCE
																		#
																		FLUID
																		TO FLUID
																		1
																		76.0
																		2394'
																		2
																		76.0
																		2394'



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PRODUCER PLATEAU OPERATING CORP. CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
 WELL NAME HODGSON 1-17 TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
 LOCATION NW 17-25S-40W PERFS TO _____ TO _____ TO _____ TO _____
 COUNTY HAMILTON STATE KS PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
 GG _____ API _____ @ _____ GM _____ RESERVOIR _____

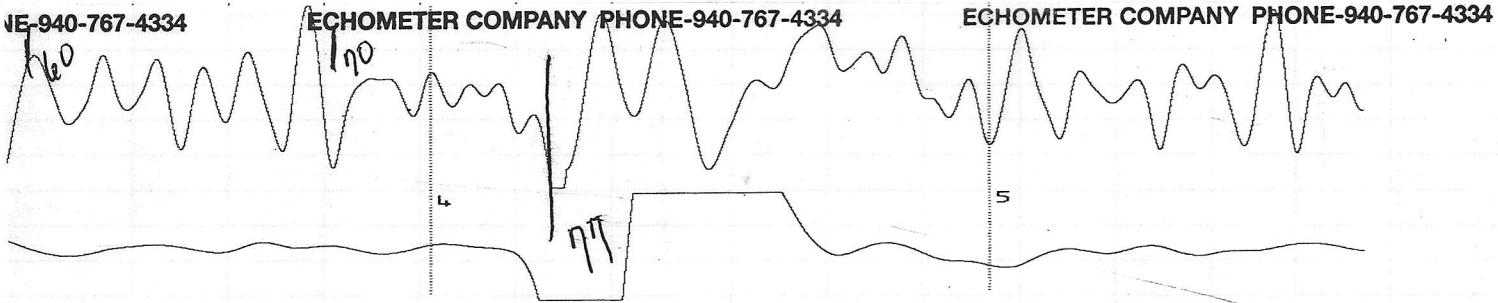
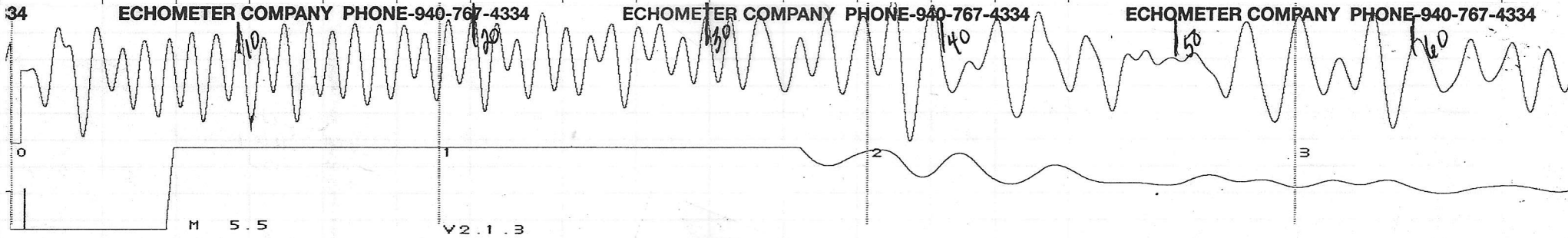
DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE INITIAL _____ SPEICAL _____ ENDING _____ TEST: ANNUAL _____ RETEST _____ DATE <u>3-2-24</u>				
		CSG PSIG	ΔP CSG	TBG PSIG	ΔP TBG	BHP PSIG	ΔP BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	REMARKS PERTINENT TO TEST DATA QUALITY				
SATURDAY																		
3-2-24																		
1315		478.8		PUMP OFF												CONDUCT LIQUID LEVEL DETERMINATION TEST		
																SHOT	JTS TO	DISTANCE
																#	FLUID	TO FLUID
																1	78.0	2457'
																2	78.0	2457'



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PRODUCER PLATEAU OPERATING CORP. CSG WT SET @ TD PB GL
 WELL NAME LEVENS 2-31 TBG WT SET @ SN PKR KB
 LOCATION NW NW 31-24S-40W PERFS TO , TO , TO , TO
 COUNTY HAMILTON STATE KS PROVER METER TAPS ORIFICE PCR TCR
 GG API @ GM RESERVOIR

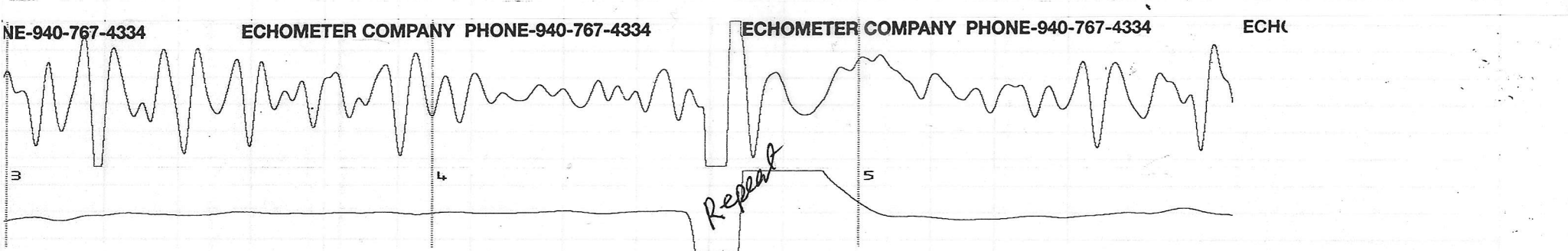
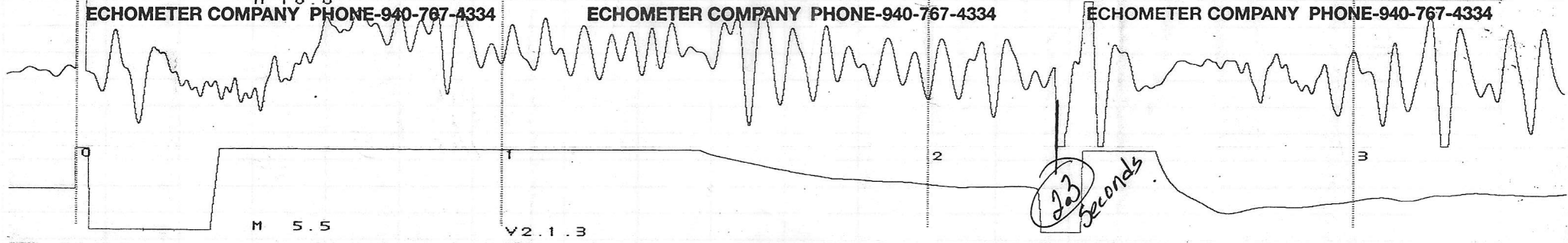
DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE INITIAL <u> </u> SPEICAL <u> </u> ENDING <u> </u> TEST: ANNUAL <u> </u> RETEST <u> </u> DATE <u>3-2-24</u>				
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBL.	WATER BBL.	REMARKS PERTINENT TO TEST DATA QUALITY				
SATURDAY																		
3-2-24																		ASSUME AVERAGE JT. LENGTH = 31.50'
1130		25.6		PUMP OFF														CONDUCT LIQUID LEVEL DETERMINATION TEST
																		SHOT
																		JTS TO
																		DISTANCE
																		#
																		FLUID
																		TO FLUID
																		1
																		77.0
																		2
																		77.0
																		2426'
																		2426'



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PRODUCER PLATEAU OPERATING CORP. CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
 WELL NAME LEVENS 4-31 TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
 LOCATION SE 31-24S-40W PERFS _____ TO _____ TO _____ TO _____ TO _____
 COUNTY HAMILTON STATE KS PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
 GG _____ API _____ @ _____ GM _____ RESERVOIR _____

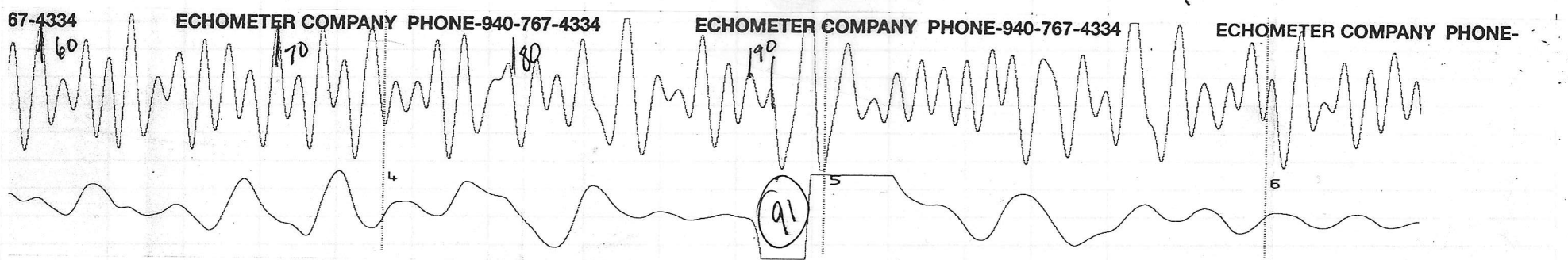
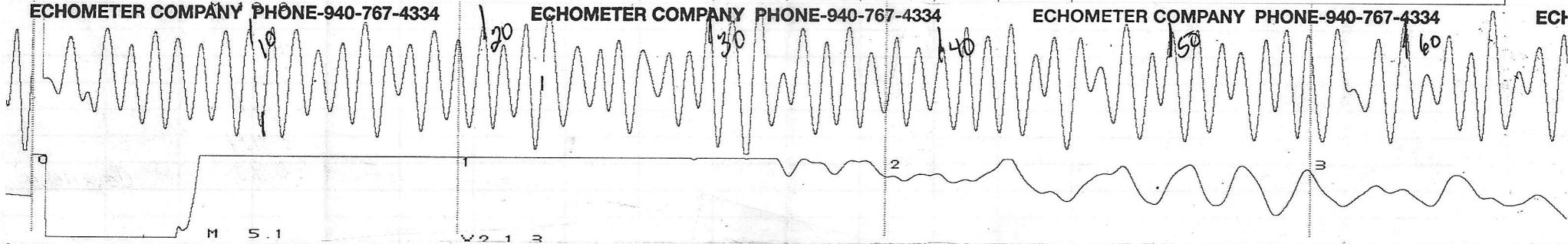
DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE INITIAL _____ SPEICAL _____ ENDING _____ TEST: ANNUAL _____ RETEST _____ DATE <u>3-2-24</u>				
		CSG PSIG	ΔP CSG	TBG PSIG	ΔP TBG	BHP PSIG	ΔP BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	REMARKS PERTINENT TO TEST DATA QUALITY				
SATURDAY																		
3-2-24																		CONDUCT LIQUID LEVEL DETERMINATION TEST
1145		0																SHOT
																		SECONDS
																		DISTANCE
																		#
																		TO FLUID
																		TO FLUID
																		1
																		2.3
																		1290'
																		2
																		2.3
																		1290'



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PRODUCER PLATEAU OPERATING CSG WT SET @ TD PB GL
WELL NAME MONARCH BOUNDS 2-10 TBG WT SET @ SN PKR KB
LOCATION NE NW 10-18S-40W PERFS TO TO TO TO
COUNTY GREELEY STATE KS PROVER METER TAPS ORIFICE PCR TCR
GG API @ GM RESERVOIR

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE INITIAL <u> </u> SPEICAL <u> </u> ENDING <u> </u> TEST: ANNUAL <u> </u> RETEST <u> </u> DATE <u>3-2-24</u>		
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBL.	WATER BBL.	REMARKS PERTINENT TO TEST DATA QUALITY		
SATURDAY														ASSUME AVERAGE JT. LENGTH = 31.50'		
3-2-24														CONDUCT LIQUID LEVEL DETERMINATION TEST		
0815		110.4		PUMP OFF										SHOT	JTS TO	DISTANCE
														#	FLUID	TO FLUID
														1	91.0	2867'
														2	91.0	2867'

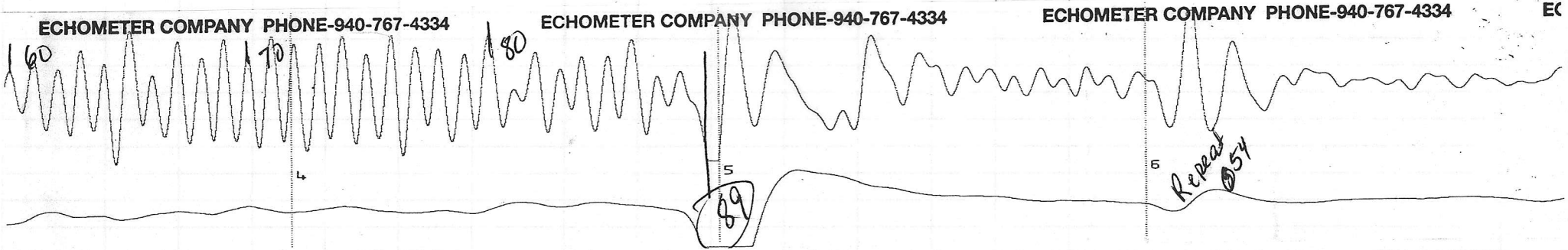
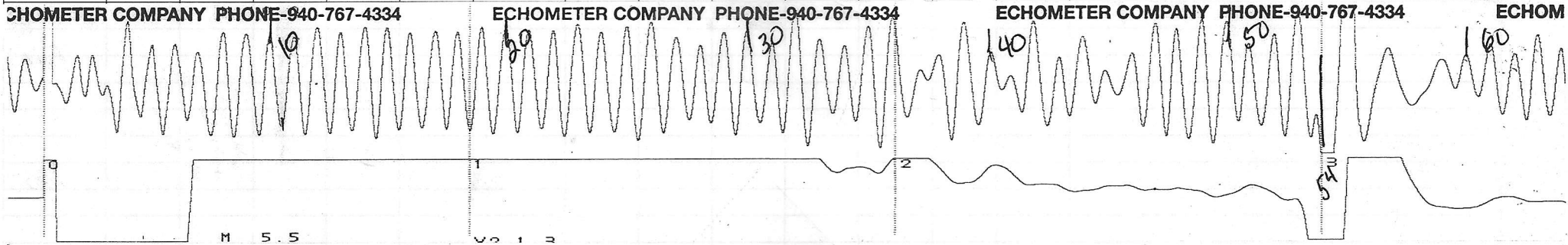


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PRODUCER PLATEAU OPERATING CORP.
WELL NAME NIX 1-3
LOCATION W/2 E/2 NE 3-18S-40W
COUNTY GREELEY STATE KS

CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
PERFS _____ TO _____ TO _____ TO _____ TO _____ TO _____
PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
GG _____ API _____ @ _____ GM _____ RESERVOIR _____

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE TEST: ANNUAL _____ SPEICAL RETEST _____ ENDING DATE <u>3-2-24</u>
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	
SATURDAY														REMARKS PERTINENT TO TEST DATA QUALITY
3-2-24														ASSUME AVERAGE JT. LENGTH = 31.50'
0915		29.3		PUMP OFF										CONDUCT LIQUID LEVEL DETERMINATION TEST
														SHOT JTS TO DISTANCE
														# FLUID TO FLUID
														1 89.0 2804'
														2 89.0 2804'

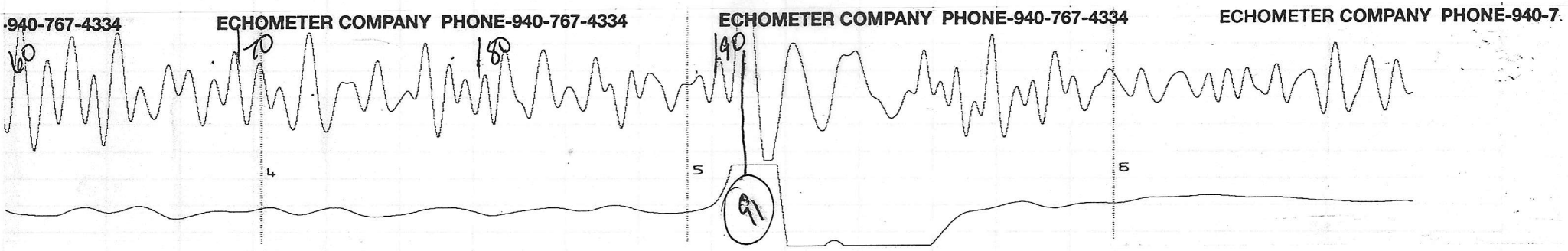
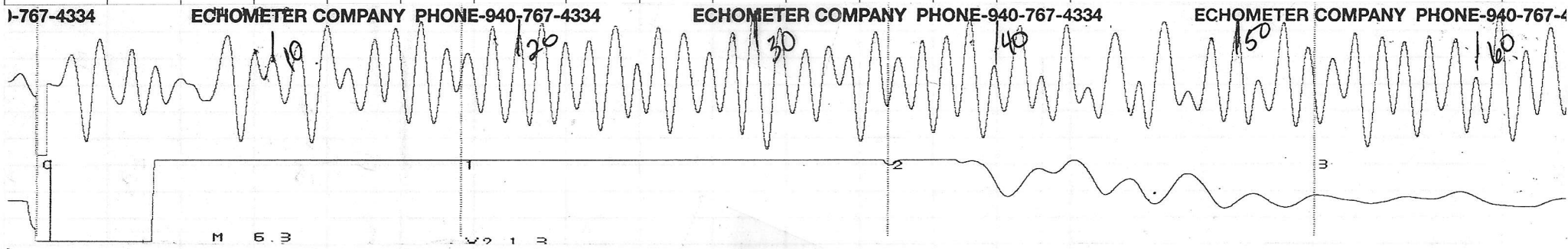


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PRODUCER PLATEAU OPERATING CORP.
WELL NAME NIX 2-3
LOCATION SW SW NE 3-18S-40W
COUNTY GREELEY STATE KS

CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
PERFS TO _____ TO _____ TO _____ TO _____
PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
GG _____ API _____ @ _____ GM _____ RESERVOIR _____

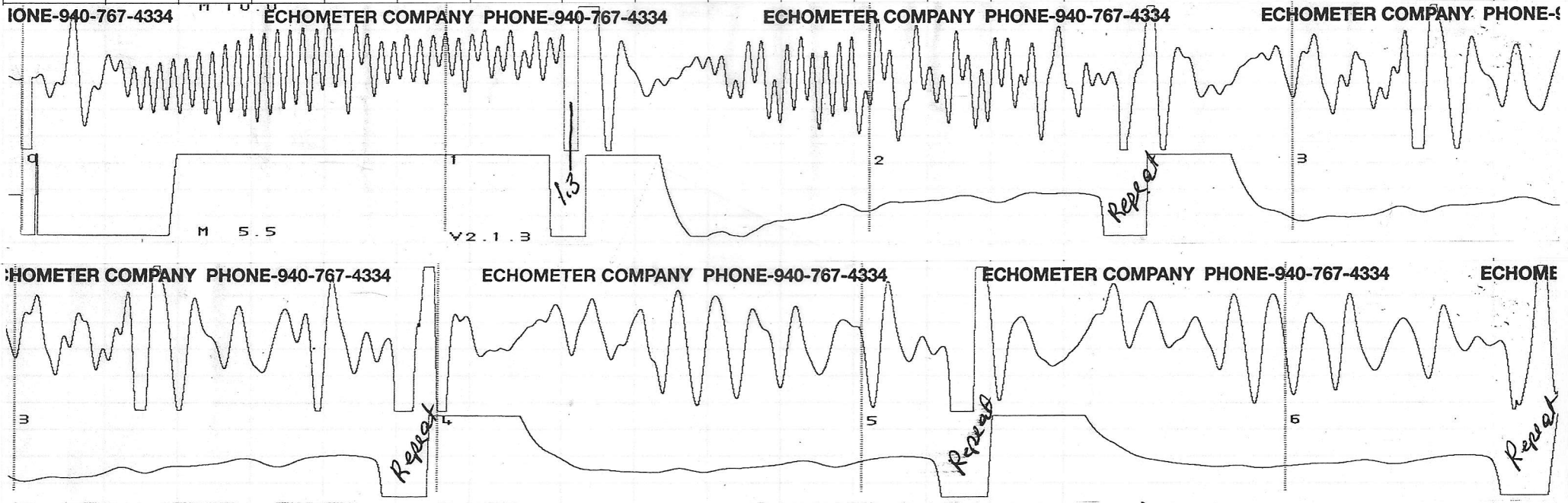
DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE TEST:	INITIAL _____	SPEICAL _____	ENDING _____
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	ANNUAL _____	RETEST _____	DATE <u>3-2-24</u>	
SATURDAY															REMARKS PERTINENT TO TEST DATA QUALITY		
3-2-24															ASSUME AVERAGE JT. LENGTH = 31.50'		
0915		25.7		PUMP OFF											CONDUCT LIQUID LEVEL DETERMINATION TEST		
															SHOT	JTS TO	DISTANCE
															#	FLUID	TO FLUID
															1	91.0	2867'
															2	91.0	2867'



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PRODUCER PLATEAU OPERATING CORP. CSG WT SET @ TD PB GL
 WELL NAME T SPIKER 1-7 TBG WT SET @ SN PKR KB
 LOCATION NE 7-25S-40W PERFS TO , TO , TO
 COUNTY HAMILTON STATE KS PROVER METER TAPS ORIFICE PCR TCR
 GG API @ GM RESERVOIR

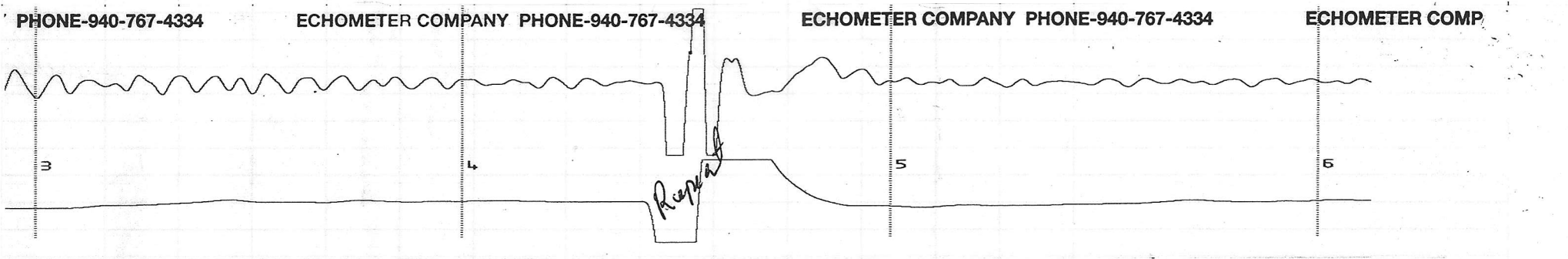
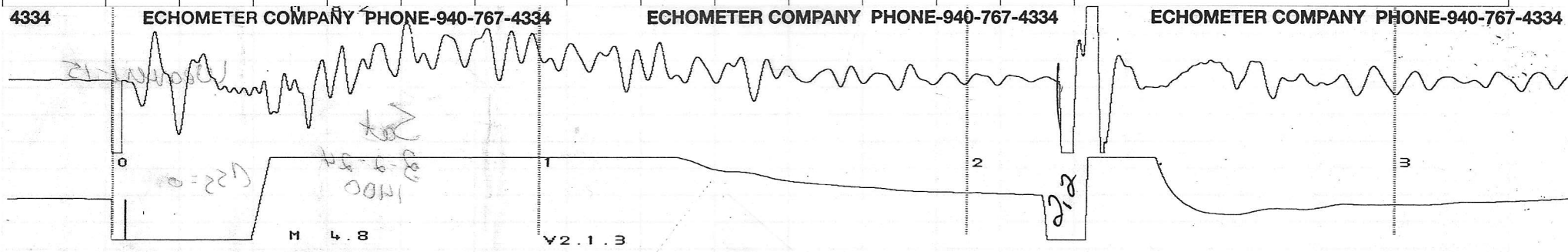
DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA			LIQUIDS		TYPE TEST: ANNUAL <u> </u> SPEICAL <u> </u> RETEST <u> </u> ENDING DATE <u>3-2-24</u>	
		CSG PSIG	ΔP CSG	TBG PSIG	ΔP TBG	BHP PSIG	ΔP BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBL.		WATER BBL.
SATURDAY														REMARKS PERTINENT TO TEST DATA QUALITY
3-2-24														
1245		0												CONDUCT LIQUID LEVEL DETERMINATION TEST
														SHOT #
														SECONDS TO FLUID
														DISTANCE TO FLUID
														1 1.3 729'
														2 1.3 729'



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 620-629-0204

PRODUCER PLATEAU OPERATING CORP. CSG WT SET @ TD PB GL
 WELL NAME WEAVER 1-15 TBG WT SET @ SN PKR KB
 LOCATION NW 15-25S-40W PERFS TO TO TO TO
 COUNTY HAMILTON STATE KS PROVER METER TAPS ORIFICE PCR TCR
 GG API @ GM RESERVOIR

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE INITIAL <u> </u> SPEICAL <u> </u> ENDING <u> </u> TEST: ANNUAL <u> </u> RETEST <u> </u> DATE <u>3-2-24</u>				
		CSG PSIG	ΔP CSG	TBG PSIG	ΔP TBG	BHP PSIG	ΔP BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBL.	WATER BBL.	REMARKS PERTINENT TO TEST DATA QUALITY				
SATURDAY																		
3-2-24																		
1400		0																CONDUCT LIQUID LEVEL DETERMINATION TEST
																		SHOT
																		SECONDS
																		DISTANCE
																		#
																		TO FLUID
																		TO FLUID
																		1
																		2.2
																		1234'
																		2
																		2.2
																		1234'

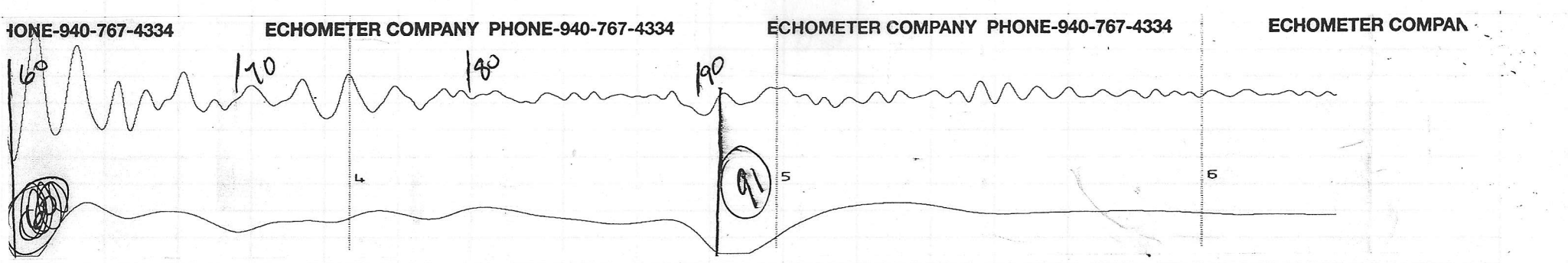
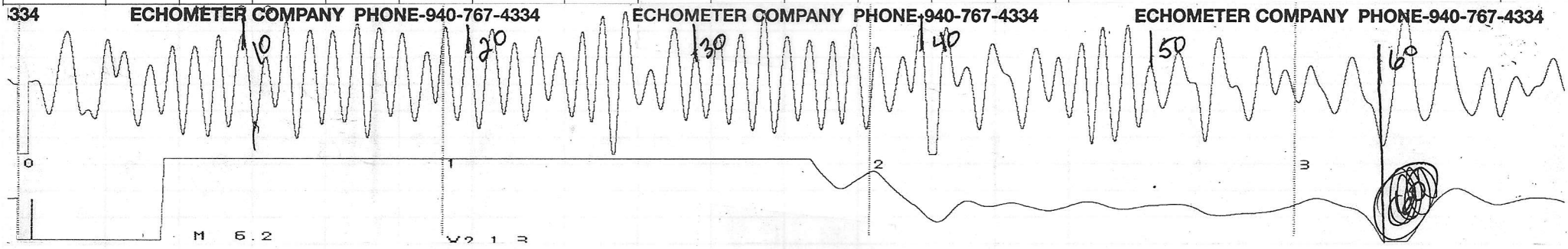


PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER PLATEAU OPERATING CORP.
WELL NAME WENDT 1-3
LOCATION SE SE 3-18S-40W
COUNTY GREELEY STATE KS

CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
PERFS TO _____ TO _____ TO _____ TO _____
PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
GG _____ API _____ @ _____ GM _____ RESERVOIR _____

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE TEST: ANNUAL _____ SPEICAL _____ RETEST _____ ENDING DATE <u>3-2-24</u>
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLs.	WATER BBLs.	
SATURDAY														REMARKS PERTINENT TO TEST DATA QUALITY
3-2-24														ASSUME AVERAGE JT. LENGTH = 31.50'
0845		3.0		PUMP OFF										CONDUCT LIQUID LEVEL DETERMINATION TEST
														SHOT
														JTS TO
														DISTANCE
														#
														FLUID
														TO FLUID
														1
														91.0
														2867'
														2
														91.0
														2867'



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



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

Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Annie Kuether, Commissioner

Laura Kelly, Governor

03/05/2024

Bill Kerrigan
Plateau Operating Corporation
PO BOX 50974
NASHVILLE, TN 37205-0974

Re: Temporary Abandonment
API 15-075-20907-00-00
SIMON #1-18
NW/4 Sec.18-25S-40W
Hamilton County, Kansas

Dear Bill Kerrigan:

"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 03/05/2025.

- * 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 03/05/2025.

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

Very truly yours,

Michael Maier"