KOLAR Document ID: 1749520

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-111
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# 35798
Name: Plateau Operating Corporation
Address 1: PO BOX 50974
Address 2:
City: NASHVILLE State: TN Zip: 37205 + 0974
Contact Person: Bill Kerrigan
Phone: (615) 708-1458
Contact Person Email:
Field Contact Person:
Field Contact Person Phone: ( )

API No. 15- 15-075-20903-00-00
Spot Description:
_ - _ - _ - NE Sec. 21 Twp. 25 S. R. 40 ☐ E ☑ W
1320 feet from ☑ N / ☐ S Line of Section
1320 feet from ☑ E / ☐ W Line of Section
GPS Location: Lat: (e.g. xx.xxxxx) , Long: (e.g. -xxx.xxxxx)
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Hamilton Elevation: ☐ GL ☐ KB
Lease Name: DURLER Well #: 2-21
Well Type: *(check one)* ☐ Oil ☑ Gas ☐ OG ☐ WSW ☐ Other:
☐ SWD Permit #: ☐ ENHR Permit #:
☐ Gas Storage Permit #:
Spud Date: 08/05/2021 Date Shut-In: 8/12/2021

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	0	8.625	4.5	0	0	0
Setting Depth	0	1165	5000	0	0	0
Amount of Cement	0	400	300	0	0	0
Top of Cement	0	0	0	0	0	0
Bottom of Cement	0	1165	5000	0	0	0

Casing Fluid Level from Surface: 2394 How Determined? Acoustic Fluid Level Date: 3/2/2024
Casing Squeeze(s): ____ (top) to ____ (bottom) w / ____ sacks of cement, ____ (top) to ____ (bottom) w / ____ sacks of cement. Date:
Do you have a valid Oil & Gas Lease? ☑ Yes ☐ No
Depth and Type: ☐ Junk in Hole at ____ (depth) ☐ Tools in Hole at ____ (depth) Casing Leaks: ☐ Yes ☐ No Depth of casing leak(s):
Type Completion: ☑ ALT. I ☐ ALT. II Depth of: ☐ DV Tool: ____ (depth) w / ____ sacks of cement ☐ Port Collar: ____ (depth) w / ____ sack of cement
Packer Type: Size: Inch Set at: Feet
Total Depth: 5000 Plug Back Depth: Plug Back Method:

Geological Date:

Formation Name	Formation Top	Formation Base	Completion Information
1.	At:	to Feet	Perforation Interval 2452 to 2458 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: Michael Maier Comments:
TA Approved: ☑ Yes ☐ Denied Date: 03/05/2024

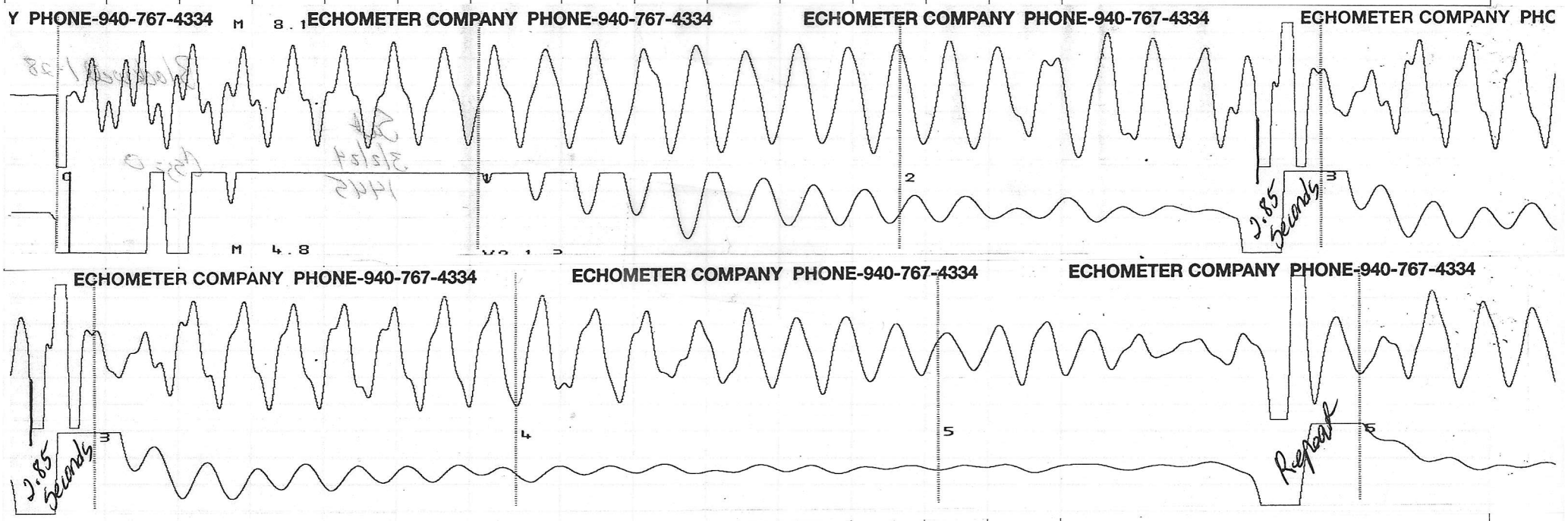
Mail to the Appropriate KCC Conservation Office:

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 ____ SPEICAL ____ ENDING ____ ANNUAL____ RETEST ____ DATE 3-2-24
		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														
3-2-24														
1445		0												CONDUCT LIQUID LEVEL DETERMINATION TEST
														SHOT # / SECONDS TO FLUID / DISTANCE TO FLUID
														1 / 2.85 / 1599'
														2 / 2.85 / 1599'



PRECISION WIRELINE and TESTING
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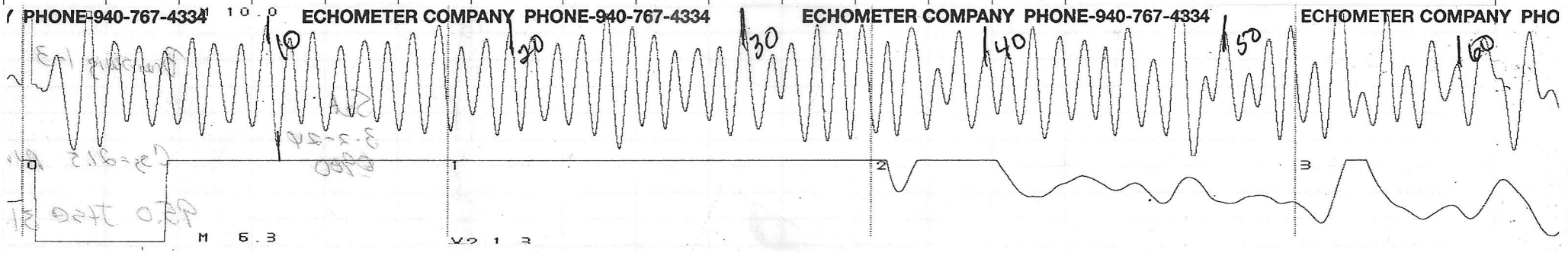
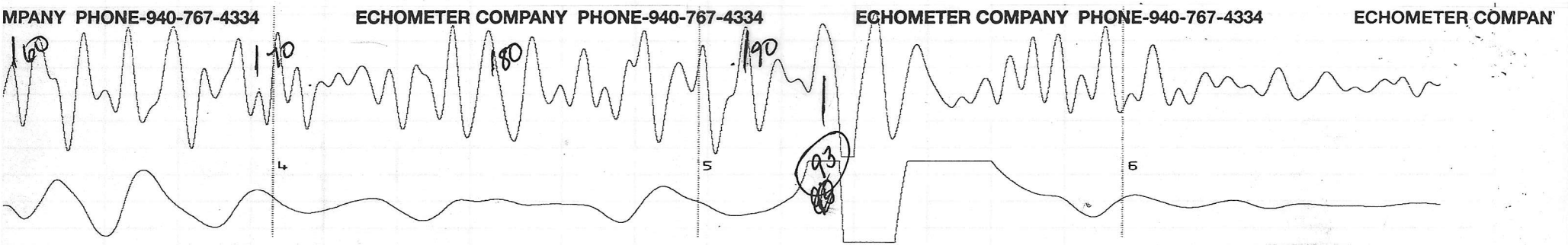
620-629-0204

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 TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL____ RETEST ____ DATE 3-2-24
		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 FLUID / DISTANCE TO FLUID
														1 / 93.0 / 2930'
														2 / 93.0 / 2930'





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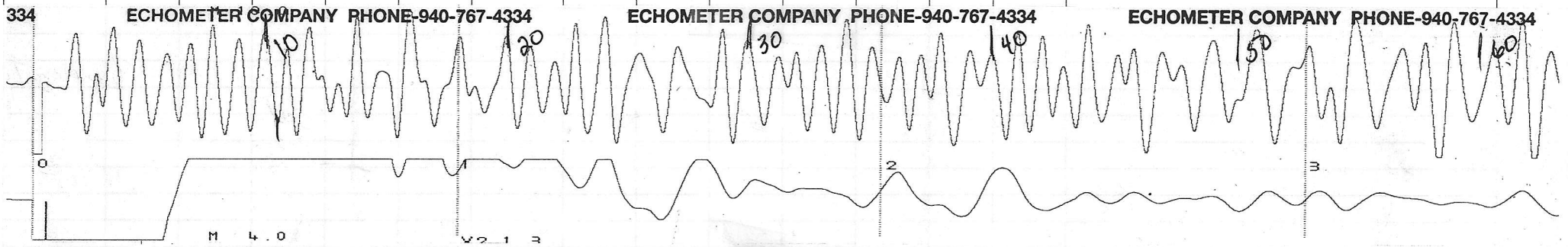
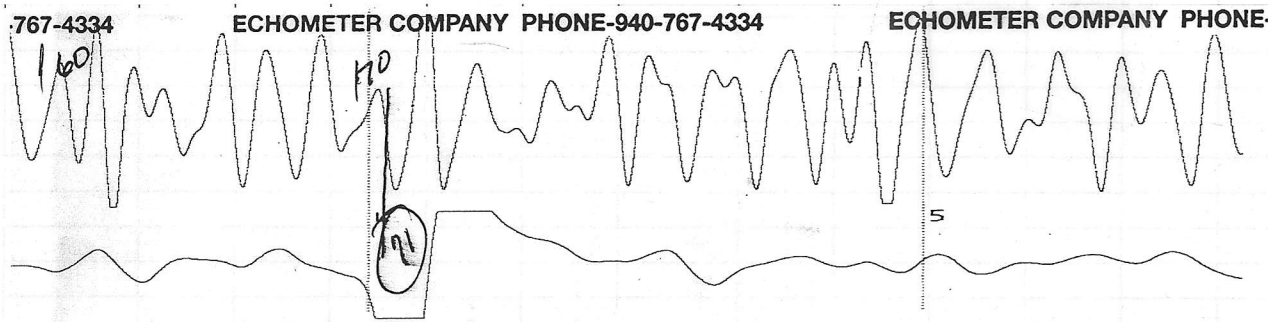
620-629-0204

PRODUCER PLATEAU OPERATING CORP.
WELL NAME BYERLEY TUCKER 1-11
LOCATION NW NW 11-18S-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 ____ ANNUAL ____ RETEST ____ DATE 3-2-24
		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 FLUID / DISTANCE TO FLUID
														1 / 71.0 / 2237'
														2 / 71.0 / 2237'





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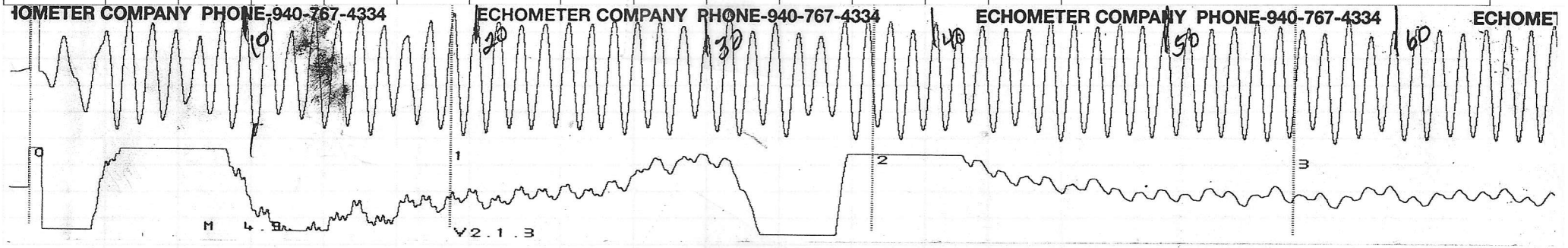
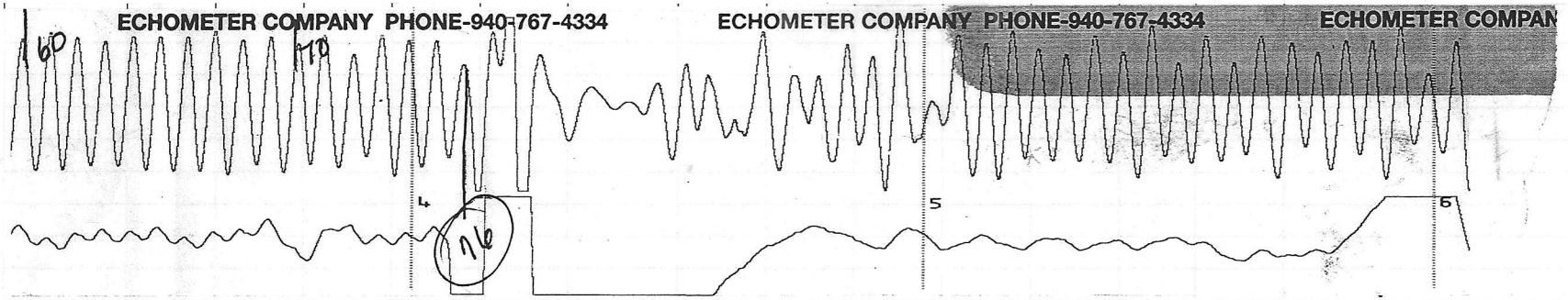
620-629-0204

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 TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL____ RETEST ____ DATE 3-2-24
		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 FLUID / DISTANCE TO FLUID
														1 — 76.0 — 2394'
														2 — 76.0 — 2394'





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PRECISION WIRELINE and TESTING
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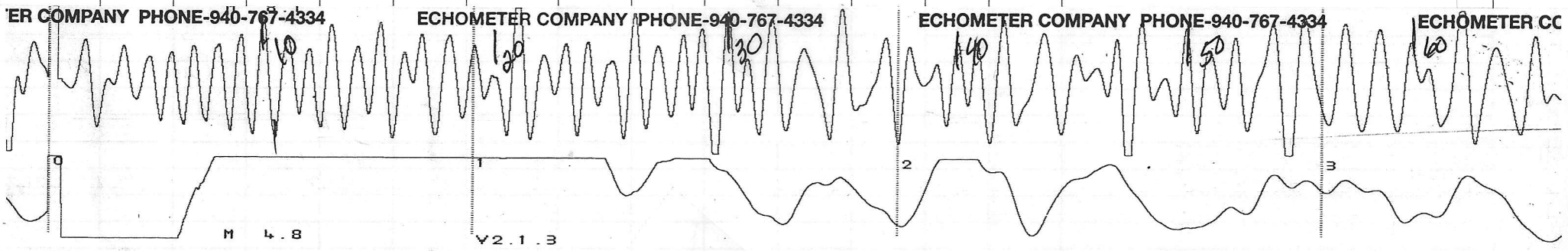
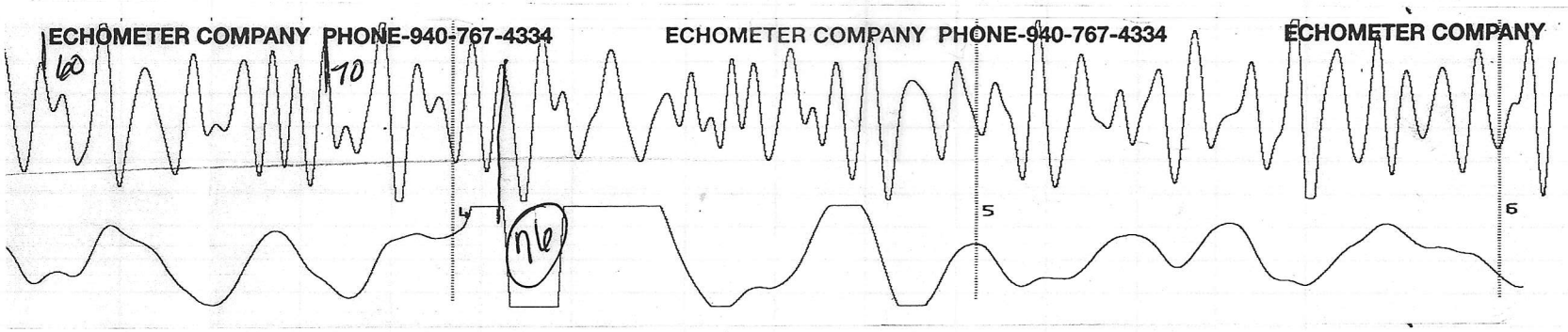
620-629-0204

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 ____ ANNUAL ____ RETEST ____ DATE 3-2-24
		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														
3-2-24														ASSUME AVERAGE JT. LENGTH = 31.50'
1430		44.9		PUMP ON										CONDUCT LIQUID LEVEL DETERMINATION TEST
														SHOT # / JTS TO FLUID / DISTANCE TO FLUID
														1 / 76.0 / 2394'
														2 / 76.0 / 2394'





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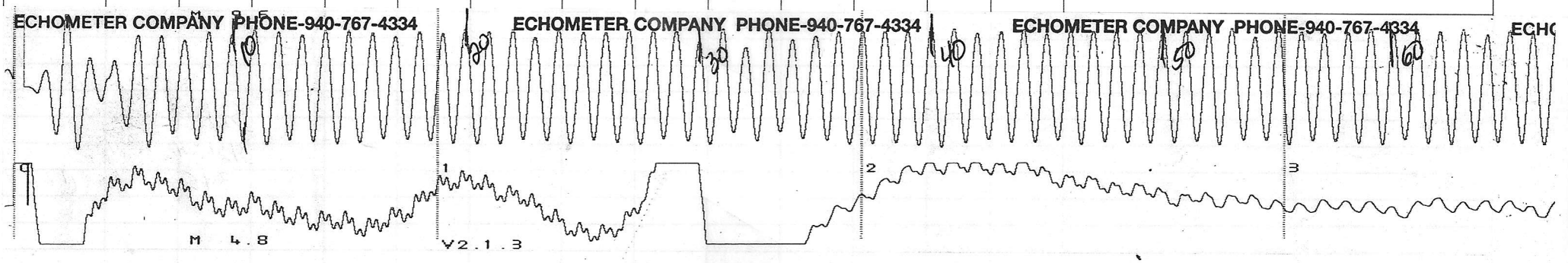
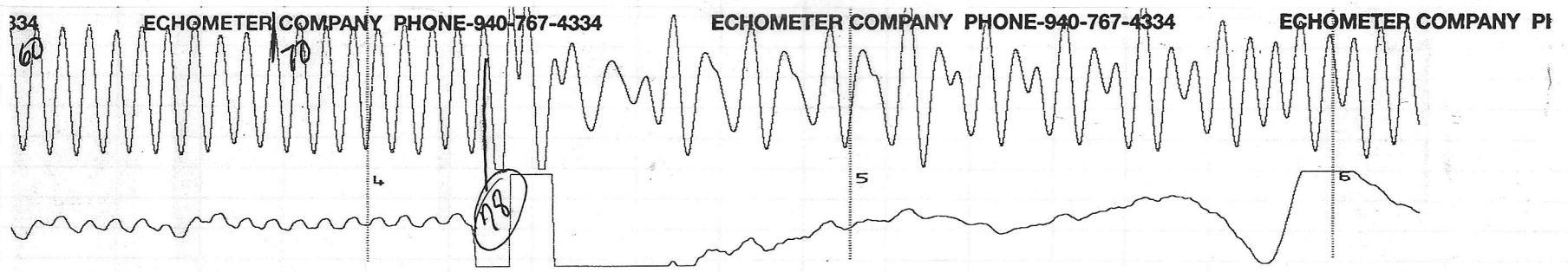
620-629-0204

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 TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL ____ RETEST ____ DATE 3-2-24
		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														
3-2-24														
1315		478.8		PUMP OFF										CONDUCT LIQUID LEVEL DETERMINATION TEST
														SHOT # / JTS TO FLUID / DISTANCE TO FLUID
														1 / 78.0 / 2457'
														2 / 78.0 / 2457'





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620-629-0204

PRODUCER PLATEAU OPERATING CORP. CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
WELL NAME LEVENS 2-6 TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
LOCATION NW NW 6-25S-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	
		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													
3-2-24													
1230		28.1		PUMP OFF									

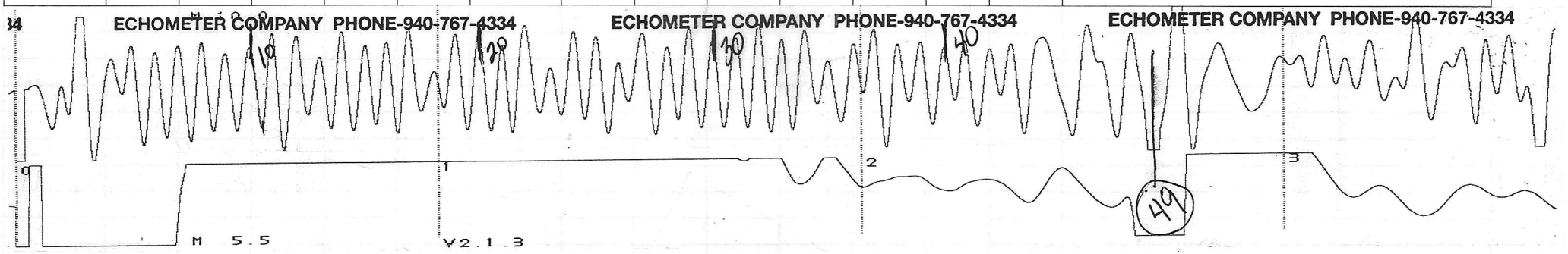
TYPE TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL ____ RETEST ____ DATE 3-2-24

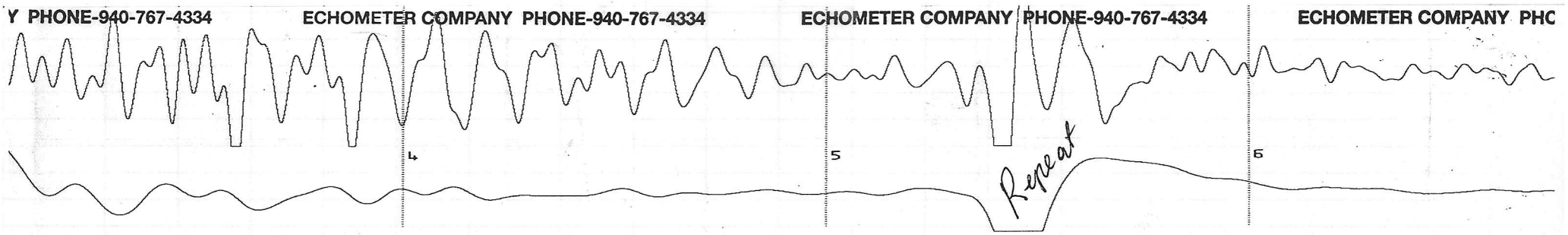
REMARKS PERTINENT TO TEST DATA QUALITY

ASSUME AVERAGE JT. LENGTH = 31.50'

CONDUCT LIQUID LEVEL DETERMINATION TEST

SHOT #	JTS TO FLUID	DISTANCE TO FLUID
1	49.0	1544'
2	49.0	1544'

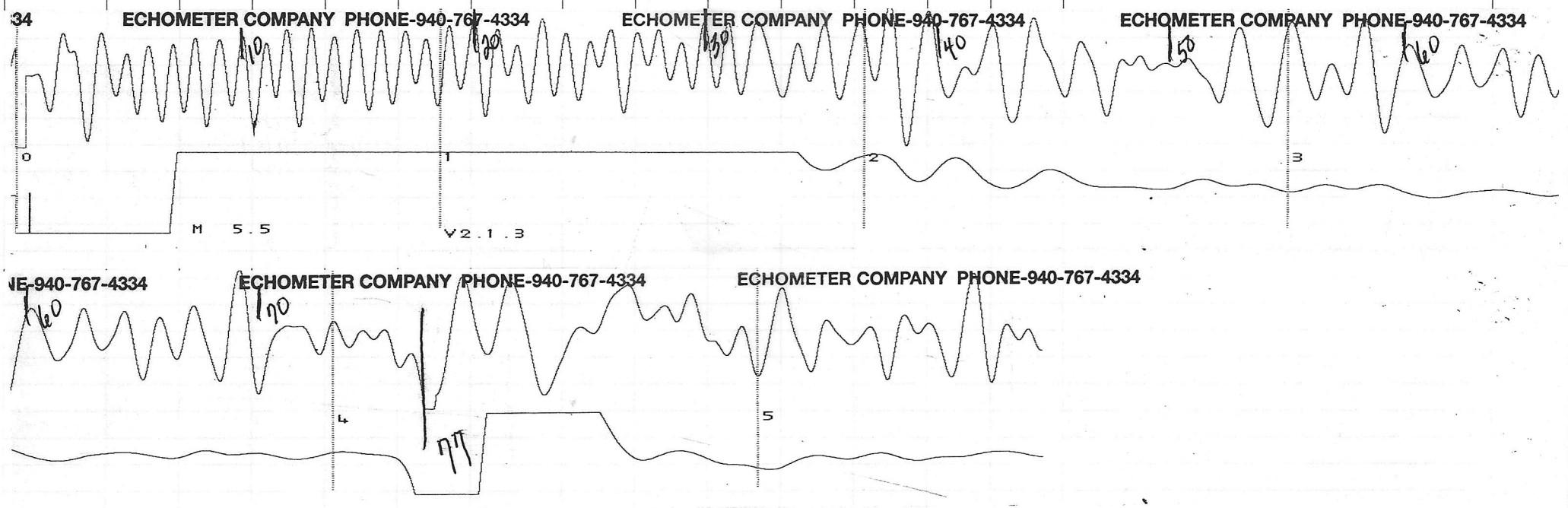




PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER PLATEAU OPERATING CORP. CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
WELL NAME 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 TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL ____ RETEST ____ DATE 3-2-24
		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
1130		25.6		PUMP OFF										SHOT # / JTS TO FLUID / DISTANCE TO FLUID
														1 / 77.0 / 2426'
														2 / 77.0 / 2426'



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PRECISION WIRELINE and TESTING
P.O. BOX 560
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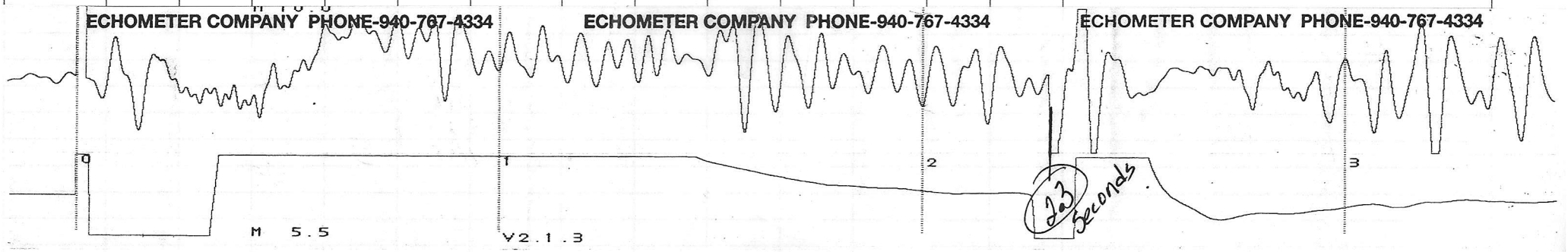
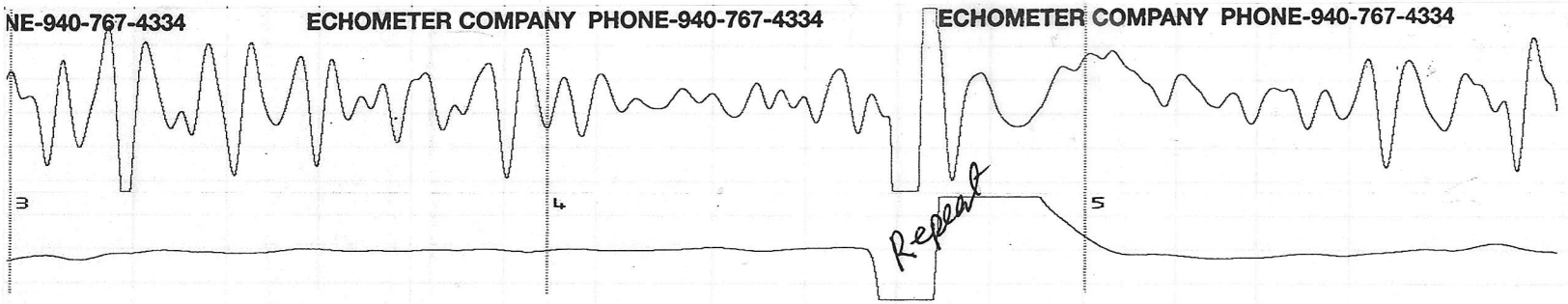
620-629-0204

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 TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL ____ RETEST ____ DATE 3-2-24
		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														
3-2-24														CONDUCT LIQUID LEVEL DETERMINATION TEST
1145		0												SHOT # / SECONDS TO FLUID / DISTANCE TO FLUID
														1 / 2.3 / 1290'
														2 / 2.3 / 1290'





PRECISION WIRELINE and TESTING
P.O. BOX 560
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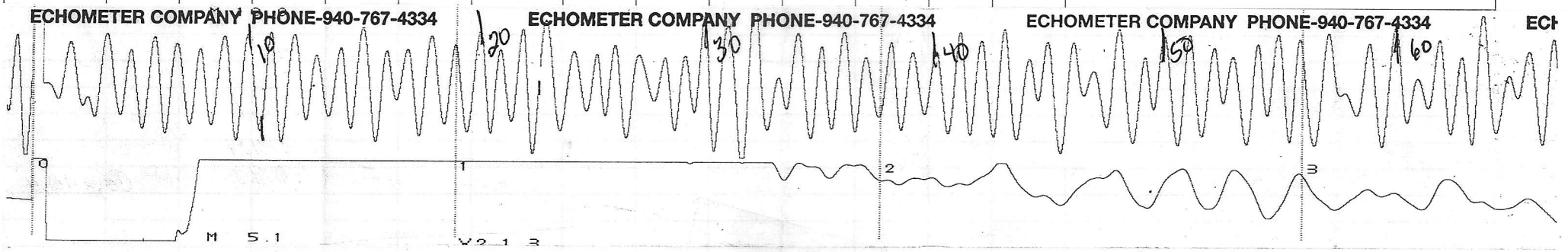
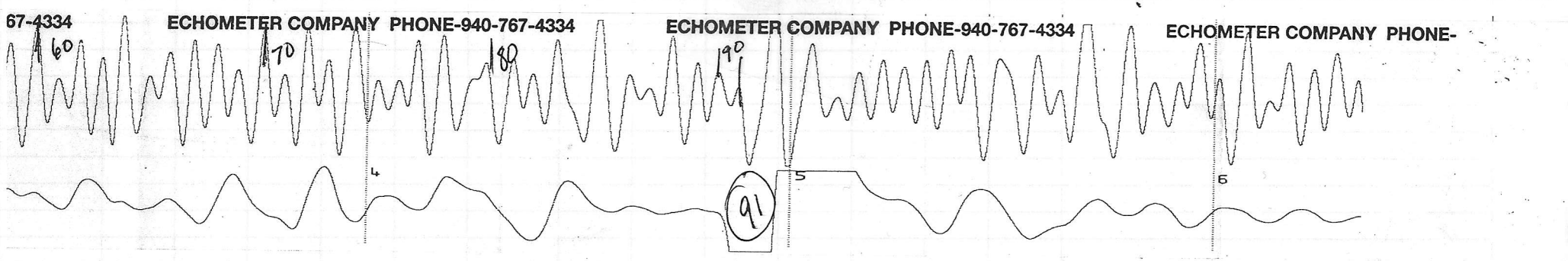
620-629-0204

PRODUCER PLATEAU OPERATING
WELL NAME MONARCH BOUNDS 2-10
LOCATION NE NW 10-18S-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 ____ ANNUAL____ RETEST ____ DATE 3-2-24
		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
0815		110.4		PUMP OFF										SHOT # / JTS TO FLUID / DISTANCE TO FLUID
														1 / 91.0 / 2867'
														2 / 91.0 / 2867'





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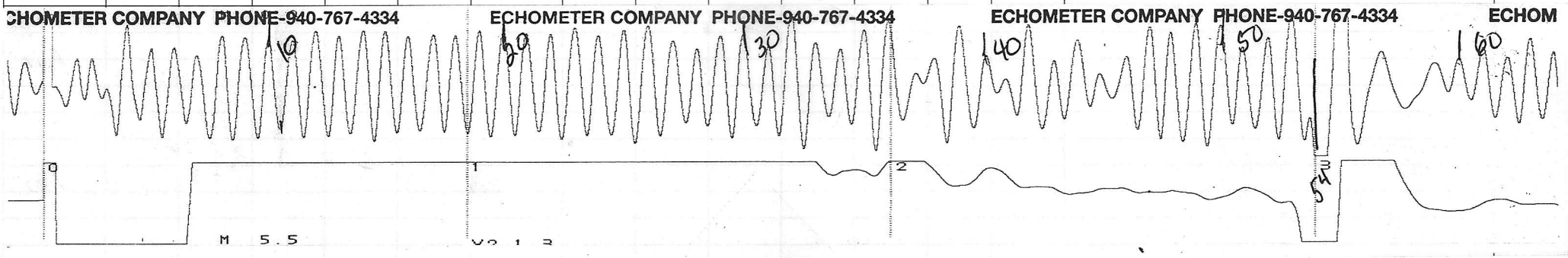
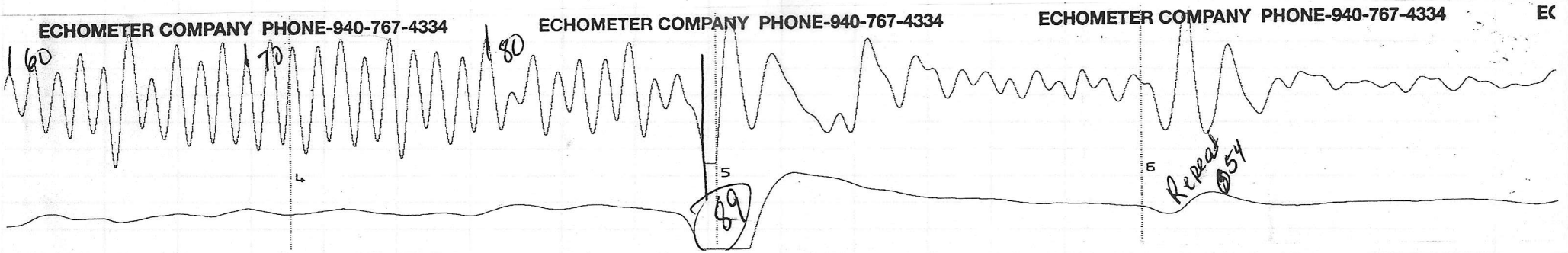
PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

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 _____
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 ____ ANNUAL ____ RETEST ____ DATE 3-2-24
		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
0915		29.3		PUMP OFF										SHOT # / JTS TO FLUID / DISTANCE TO FLUID
														1 — 89.0 — 2804'
														2 — 89.0 — 2804'





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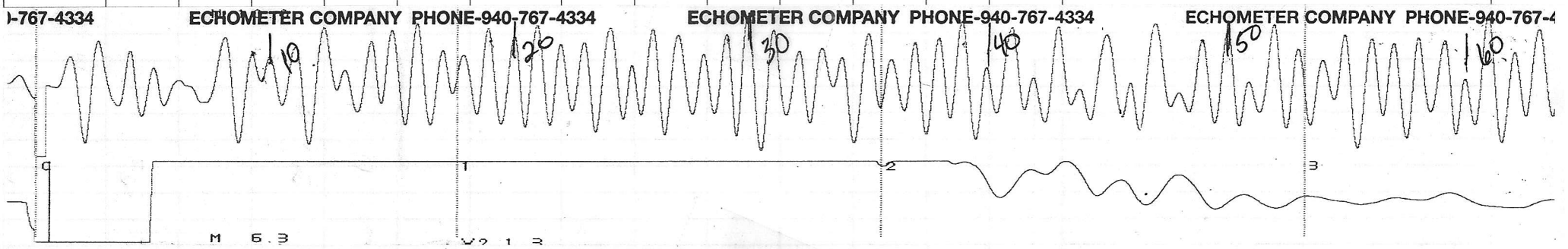
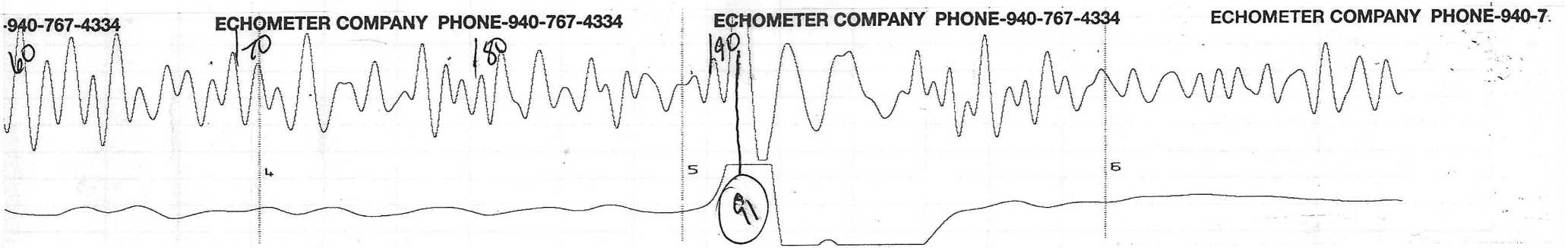
PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

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 ____ ANNUAL____ RETEST _____ DATE 3-2-24
		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
0915		25.7		PUMP OFF										SHOT # / JTS TO FLUID / DISTANCE TO FLUID
														1 — 91.0 — 2867'
														2 — 91.0 — 2867'





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

PRODUCER __PLATEAU OPERATING CORP. _____
WELL NAME _SIMON 1-18 ________________
LOCATION __NW 18-25S-40W__________________
COUNTY _____HAMILTON_______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 __________

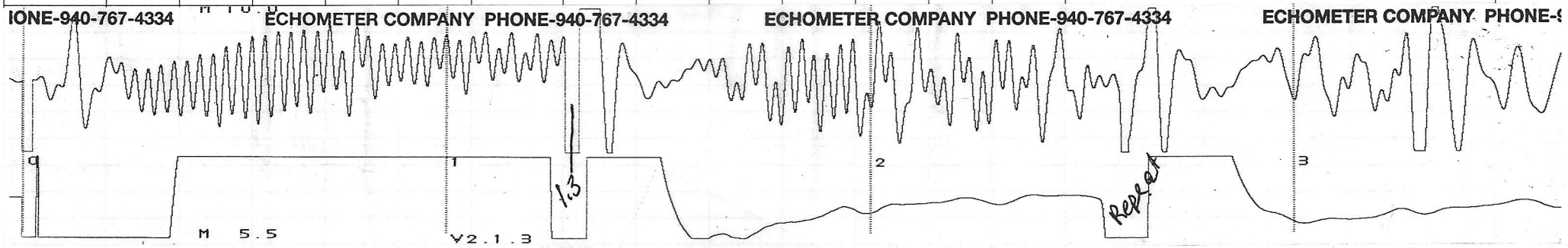
TYPE TEST: INITIAL _____ SPEICAL _____ ENDING _____ ANNUAL____ RETEST ______ DATE _3-2-24

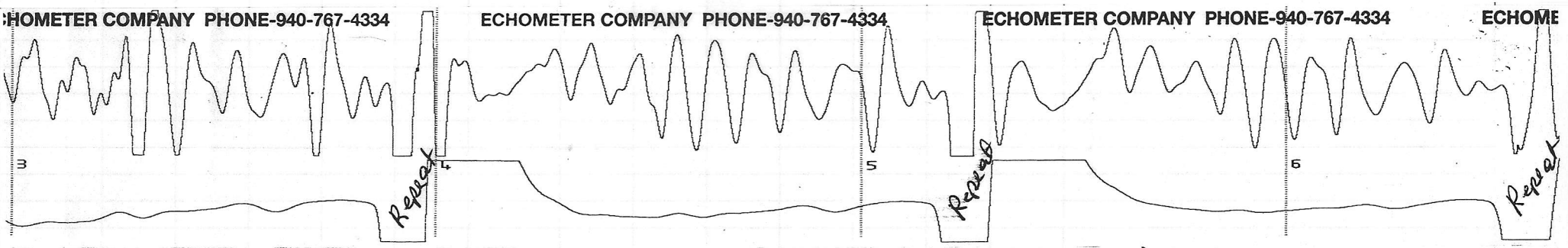
DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		
		CSG PSIG	∆ P CSG	TBG PSIG	∆ P TBG	BHP PSIG	∆ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLS.	WATER BBLS.	REMARKS PERTINENT TO TEST DATA QUALITY
SATURDAY														
3-2-24														
1300		0												CONDUCT LIQUID LEVEL DETERMINATION TEST
														OBSERVE FLUID 5’6” FROM SURFACE

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 T SPIKER 1-7 TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
LOCATION NE 7-25S-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 ____ ANNUAL ____ RETEST ____ DATE 3-2-24
		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														
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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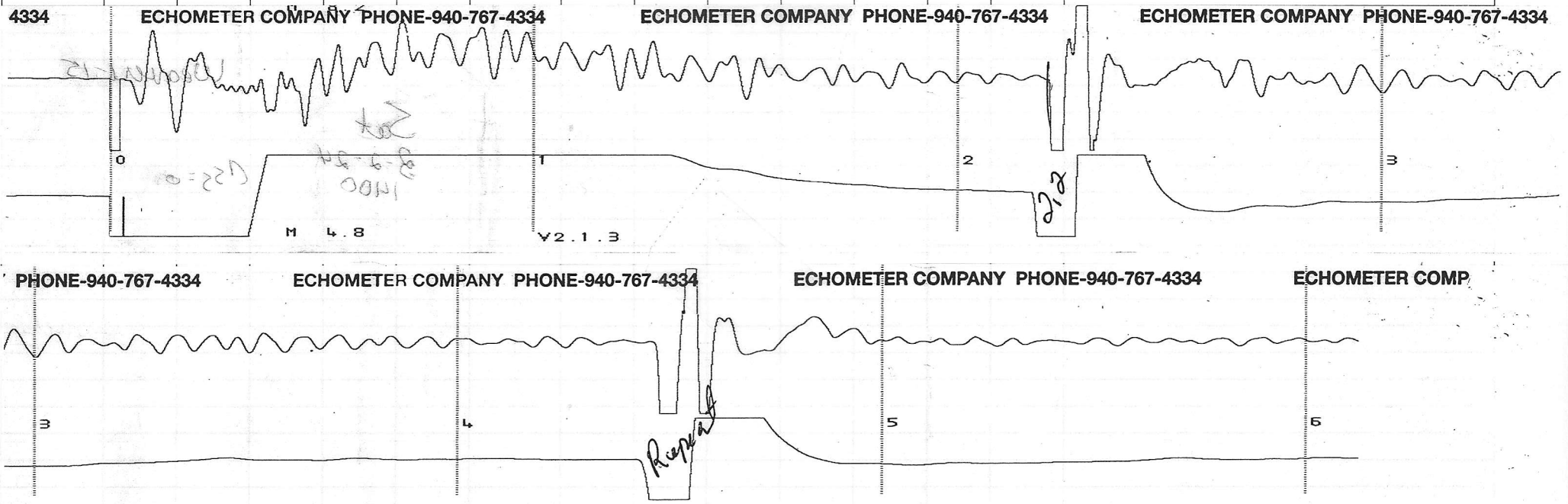
PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER PLATEAU OPERATING CORP. CSG ____ WT ____ SET @ ____ TD ____ PB ____ GL ____
WELL NAME 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 TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL ____ RETEST ____ DATE 3-2-24
		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														
3-2-24														
1400		0												CONDUCT LIQUID LEVEL DETERMINATION TEST
														SHOT # / SECONDS TO FLUID / DISTANCE TO FLUID
														1 / 2.2 / 1234'
														2 / 2.2 / 1234'



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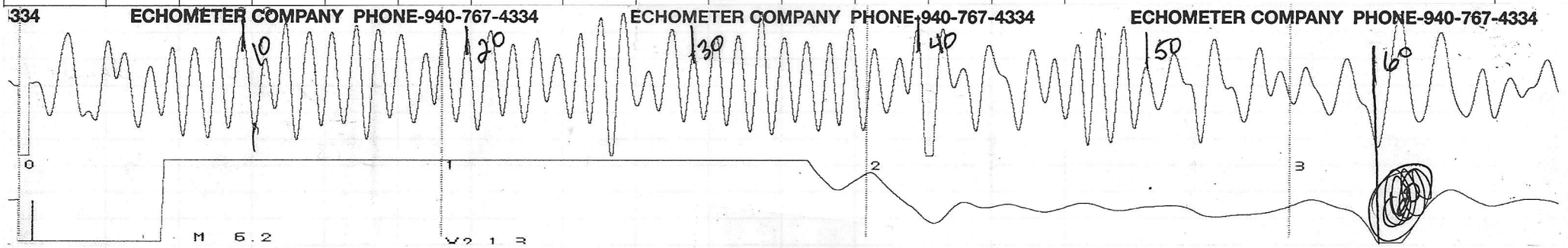
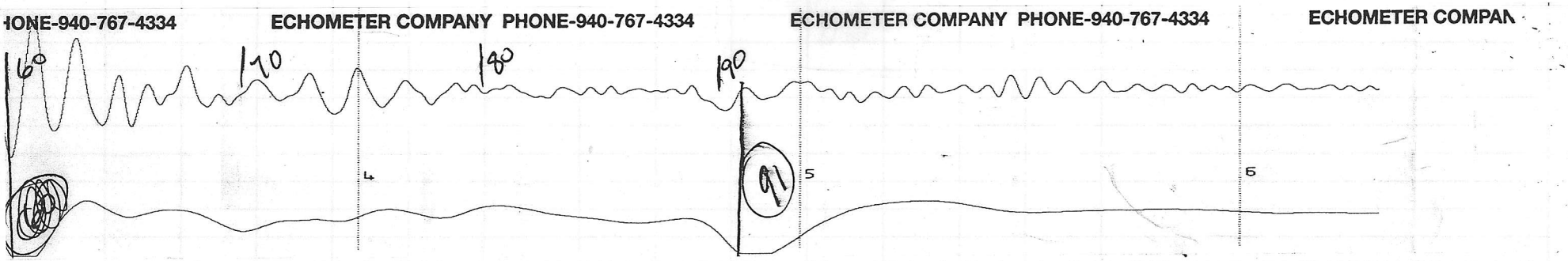
PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

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: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL____ RETEST _____ DATE 3-2-24
		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
0845		3.0		PUMP OFF										SHOT # / JTS TO FLUID / DISTANCE TO FLUID
														1 — 91.0 — 2867'
														2 — 91.0 — 2867'





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

Kansas
Corporation Commission

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

03/05/2024

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

Re: Temporary Abandonment
API 15-075-20903-00-00
DURLER 2-21
NE/4 Sec.21-25S-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"