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)

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

LINDED BENALTY OF DED HIDV LUEDEDY ATTEST THAT THE INFORMATION C

\_\_ 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: \_\_\_

| ABAN                          | DONMENT W                                   | ELL APPLICA                               | TION A                  | Form must be signed  All blanks must be complete |  |  |  |
|-------------------------------|---|---|-------------------------|--|--|--|--|
|                               | API No. 15                                  | j   |                         |  |  |  |  |
|                               |   | ription:                                  |                         |  |  |  |  |
|                               |   | Sec                                       | Twp S. R<br>feet from   |  |  |  |  |
| +                             | 01 0 2000                                   | tion: Lat:                                | , Long:<br>WGS84        | (e.gxxx.xxxxx)                                   |  |  |  |
|                               |   | County: Elevation: GL Lease Name: Well #: |                         |  |  |  |  |
|                               | Well Type:                                  |   | as OG WSW               | Other:   |  |  |  |
|                               |   | corage Permit #:                          |                         |  |  |  |  |
| face                          | Production                                  | Intermediate                              | Liner                   | Tubing   |  |  |  |
|                               |   |   |                         |  |  |  |  |
|                               |   |   |                         |  |  |  |  |
|                               |   |   |                         |  |  |  |  |
|                               |   |   |                         |  |  |  |  |
| How De                        | etermined?                                  |   | Da                      | ate:   |  |  |  |
|                               |   |   |                         | ate:   |  |  |  |
| ole at<br>(dep.<br>ol:(depth) | Casing Leaks: [<br>w / sack<br>Inch Set at: | Yes No Depth o                            | f casing leak(s): w / _ |  |  |  |  |
|                               |   |   |                         |  |  |  |  |
| ion Base                      |   | Completion I                              | nformation              |  |  |  |  |
| Feet                          | Perforation Interval                        | to Feet                                   | or Open Hole Interval   | toFeet   |  |  |  |
| Feet                          | Perforation Interval                        | to Feet                                   | t or Open Hole Interval | toFeet   |  |  |  |
| E INEODM/                     | TION CONTAINED HE                           | DEIN IS TOLIE AND COE                     | DECTTO THE DEST O       | E MV KNOW! EDGE                                  |  |  |  |
| Submitt                       | ed Electronical                             | ly  |                         |  |  |  |  |

# Submitted Ele

| 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 D                        | Denied Date: |           |               |                |                           |

# Mail to the Appropriate KCC Conservation Office:



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/

Laura Kelly, Governor

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

#### 06/03/2024

Michael Petermann LB Exploration, Inc. 2135 2ND RD HOLYROOD, KS 67450-9021

Re: Temporary Abandonment API 15-053-21213-00-00 ZVOLANEK 3 SW/4 Sec.27-16S-10W Ellsworth County, Kansas

# Dear Michael Petermann:

Your application for Temporary Abandonment (TA) for the above-listed well is denied for the following reasons(s):

# **High Fluid Level**

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by 07/03/2024.

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, Keith Karlin, ECRS KCC DISTRICT 2