

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: _____
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: _____

Table with 7 columns: Conductor, Surface, Production, Intermediate, Liner, Tubing. Rows include 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: _____
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: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
Packer Type: _____ Size: _____ Inch Set at: _____ Feet
Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

Table with 4 columns: Formation Name, Formation Top, Formation Base, Completion Information. Rows 1 and 2.

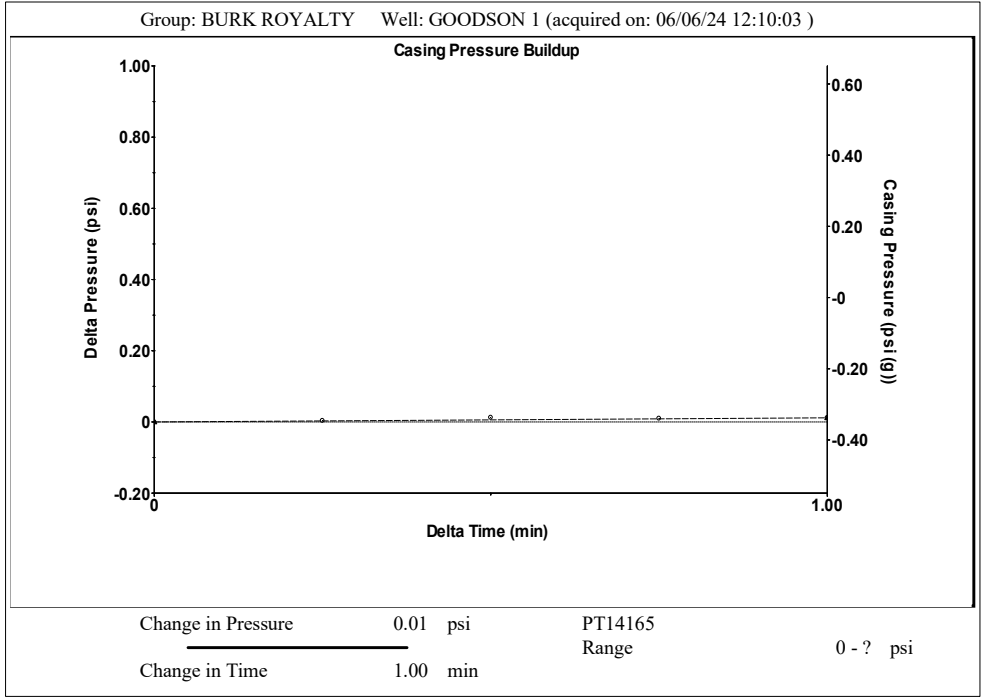
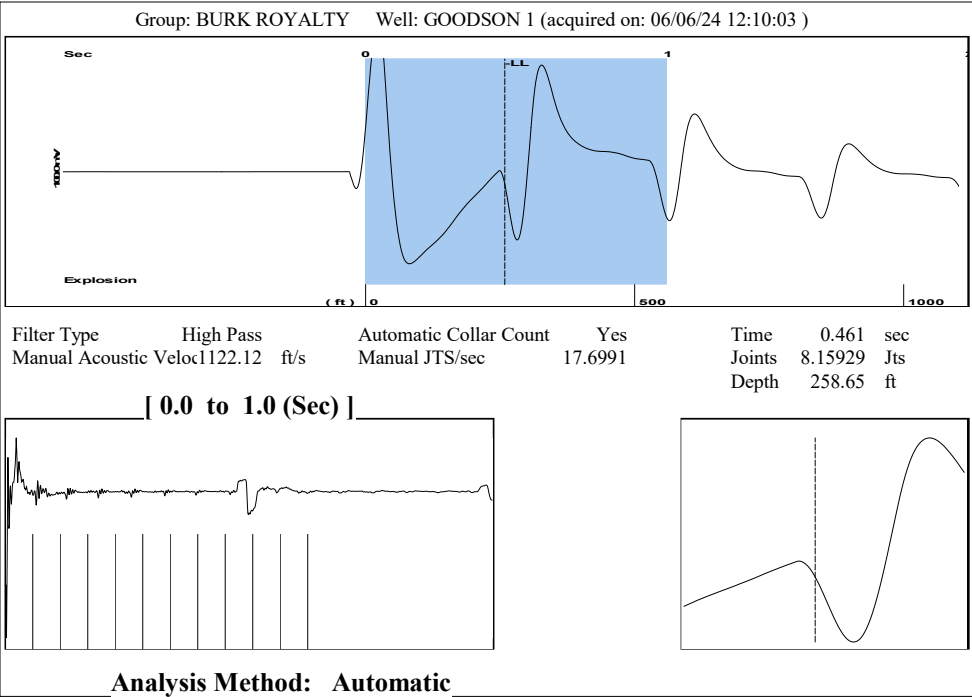
UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

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: Yes Denied Date: _____

Mail to the Appropriate KCC Conservation Office:

Table with 3 columns: Office Name, Address, Phone. Rows for District Office #1, #2, #3, #4.



Group: BURK ROYALTY Well: GOODSON 1 (acquired on: 06/06/24 12:10:03)

Production Current	Potential	Casing Pressure	Static
Oil - * -	- * - BBL/D	-0.3 psi (g)	
Water - * -	- * - BBL/D	Casing Pressure Buildup	Oil Column Height
Gas - * -	- * - Mscf/D	0.011 psi	MD 0 ft
		1.00 min	
IPR Method	Vogel	Gas/Liquid Interface Pressure	Water Column Height
PBHP/SBHP	- * -	- * - psi (g)	MD - * - ft
Production Efficiency	0.0		
		Liquid Level Depth	
Oil 40 deg.API		258.65 ft	
Water 1.05 Sp.Gr.H2O		Pump Intake Depth	
Gas 0.84 Sp.Gr.AIR		- * - ft	
Acoustic Velocity 1122.12 ft/s		Formation Depth	
		3300.00 ft	
		Static BHP	
		- * - psi (g)	

Acoustic Test #3

Group: BURK ROYALTY Well: GOODSON 1 (acquired on: 06/06/24 12:10:03)

No Collar Count Data Available

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/>

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

Laura Kelly, Governor

07/02/2024

Cheyenne Snapp
Burk Royalty Co, Ltd
4245 KEMP BLVD STE 600
WICHITA FALLS, TX 76308-2829

Re: Temporary Abandonment
API 15-173-20685-00-01
GOODSON 1
NW/4 Sec.14-26S-02E
Sedgwick County, Kansas

Dear Cheyenne Snapp:

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 08/01/2024.

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,
Dan Fox
KCC DISTRICT 2