

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

TASING MECHANICAL INTEGRITY TEST

DOCKET# TA

Disposal Well Enhanced Recovery:
 TA Casing Test XX Repressuring
 Flood
 Tertiary
 Date injection started _____
 API #15- 153-20,904

SE-NW-NW-SE/4 , Sec 30 , T 1 S,R 36 E/W
 _____ 2000 Feet from South Section Line
 _____ 2100 Feet from East Section Line
 Lease Hatch Well # 1-30X
 County _____

Operator: Murfin Drilling Co. Inc.
 Name & Address _____
Wichita Kansas 67202

Operator License# 30606
 Contact Person Rich Pancake
 Phone _____

Max. Auth. Injection Press _____ Psi; Max Inj. Rate _____ bbl/d;
 If Dual Completion – Injection above production _____ Injection below production _____

Size	Conductor	Surface	Production	Liner	Size	Tubing
Set at	_____	<u>8.625</u>	<u>5.50</u>	_____	Set at	<u>2.375</u>
Cement Top	_____	<u>251W/225 sx</u>	<u>4598</u>	_____	Type	<u>4311</u>
“ Bottom	_____	<u>0</u>	<u>W/175 sx</u>	_____		<u>J-55</u>
DV/Perf.	<u>MSC set @ 3201W/450 sx</u>	TD (and plug back)	<u>4598</u>	<u>4576(PBTD)</u>		ft. depth
Packer type	<u>CST compression</u>	Size	<u>5.50</u>	Set at	<u>4311</u>	
Zone of injection	<u>LKC 4324</u>	ft. to ft.	<u>4473</u>	Perf. or open hole	<u>Perf</u>	

Type MIT: Pressure: Radioactive Tracer Survey: Temperature Survey:

F Time: Start 0 Min 15 Min 30 Min
 I
 E Pressures: 340 340 340 Set up 1 System Pres. during test 0
 L
 D _____ Set up 2 Annular Pres. during test 340
 D _____ Set up 3 Fluid loss during test 0 bbls.
 A
 T Tested: Casing or Casing – Tubing Annulus
 A

The bottom of the tested zone in shut in with packer

Test Date 7/24/2023 Using HSI Company's Equipment

The operator hereby certifies that the zone between 0 feet and 4311 feet
 was the zone tested _____

Signature _____ Title _____

The results were Satisfactory Marginal _____ Not Satisfactory _____

State Agent: Darrel Dipman Title: ECRS Witness: YES NO _____

REMARKS: New perforations opened: 4380-88' LKC 'G'

Origin. Conservation Div.: KDHE/T: Dist. Office

Computer Update **Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)**

GPS Lat 39.93599 GPS Long -101.39970 (If YES please describe in REMARKS)
 KCC Form U-7

07/16/2024

Rich Pancake
Murfin Drilling Co., Inc.
250 N WATER STE 300
WICHITA, KS 67202-1216

Re: Temporary Abandonment
API 15-153-20904-00-00
HATCH 1-30X
SE/4 Sec.30-01S-36W
Rawlins County, Kansas

Dear Rich Pancake:

"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 07/16/2025.

- * 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 07/16/2025.

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

Very truly yours,

RICHARD WILLIAMS"