

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 _____ Tools in Hole at _____ 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 Date:

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:

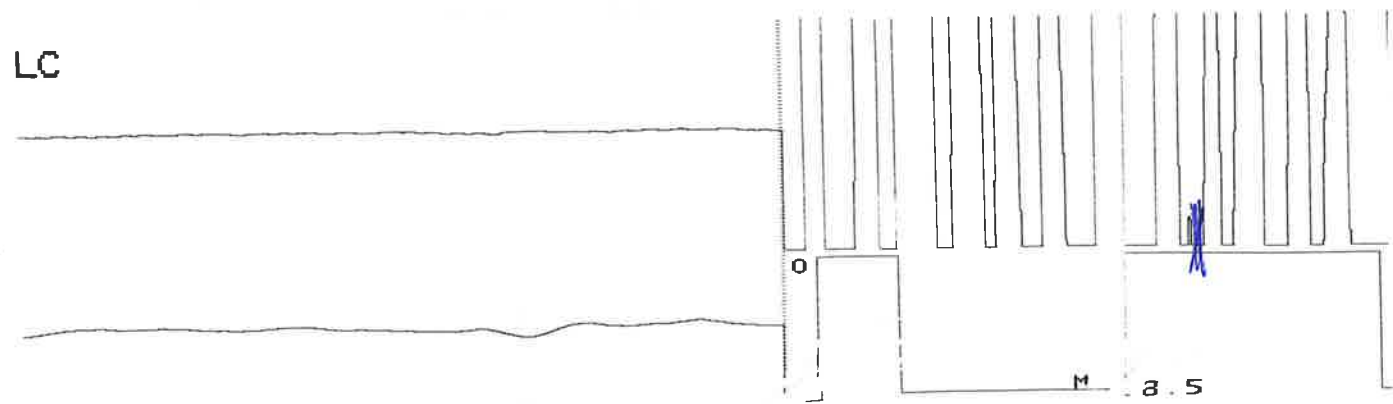
Table with 3 columns: District Office #, Address, Phone. Rows 1-4.

WELL *Sa Tobias #4*
 CASING PRESSURE.....
 ΔP
 ΔT
 PRODUCTION RATE.....

JOINTS TO LIQUID..... *8*
 DISTANCE TO LIQUID..... *2.40*
 PBHP
 SBHP
 PROD RATE EFF, %
 MAX PRODUCTION

08/21/2024 07:1
 QUIET WELL
 LOWER COLLARS M:
 P-P 0.025 mV
 LIQUID LEVEL M:
 P-P 0.006 mV

9:25
 8.1
 8.5
 GENERATE PULSE
 12.0 VOLTS



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

08/26/2024

Robin L Austin
Rama Operating Co., Inc.
101 S MAIN ST
STAFFORD, KS 67578-1429

Re: Temporary Abandonment
API 15-159-30315-00-00
SW LANSING TOBIAS 4
SW/4 Sec.03-21S-09W
Rice County, Kansas

Dear Robin L Austin:

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 09/25/2024.

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,
Virgil Clothier
KCC DISTRICT 2