July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

OPERATOR: License#					API No. 15-																
Name:					API No. 15-         Spot Description:         Sec.       Twp S. R E W																
																		feet from			
Address 2:					feet from DE / W Line of Section																
Contract Person:					GPS Location	on: Lat:	, Lc	ong:	(e.gxxx.xxxxx)												
Contact Person:  Phone:( )					Datum:         NAD27         NAD83         WGS84           County:         Elevation:         GL         KB           Lease Name:         Well #:         Well #:           Well Type: (check one)         Oil Gas OG WSW Other:         Other:           SWD Permit #:         ENHR Permit #:           Gas Storage Permit #:         Storage Permit #:																
																Spud Date:		Date S	hut-In:		
												Conductor	Surfa	ce	Pro	oduction	Intermediat	e Li	ner	Tubing	3
											Size										
											Setting Depth										
Amount of Cement																					
Top of Cement																					
Bottom of Cement																					
Casing Fluid Level from Surf	ace:		_ How Dete	rmined?				D	)ate:												
Casing Squeeze(s):	to w	/	sacks of cem	ent,	to	W /	sacks of	cement. D	)ate:												
Do you have a valid Oil & Ga	• • •				(100)	(bottom)															
				0	–	]v 🗀 v - =															
Depth and Type:																					
Type Completion: ALT.	I ALT. II Depth	of: DV Too	l:(depth)	w/_	sacks	of cement F	Port Collar:	w / .	sack of	of cement											
Packer Type: Size: Inch					Set at:		Feet														
Total Depth:	Plug Back Depth:				Plug Back Method:																
Geological Date:																					
Formation Name	Formatio	n Top Formation	on Base			Comp	letion Information														
I	·			Perfo	erforation Interval to feet or Open Hole Interval to					Feet											
)		to					Feet or Open H														
		10	1 000	1 0110	ration interval	10		ole interva													
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		5	Submitte	d Ele	ctronically	/															
Do NOT Write in This	o NOT Write in This Date Tested: Results:					Date Plugge	d: Date Repaire	d. Date	e Put Back in Ser	vice.											
Space - KCC USE ONLY				uno.																	
Review Completed by:				Comn	nents:																
TA Approved: Yes	_	:																			
		88-**		mulete!	V00 0 - · ·	ation Office															
Mail to the Appropriate KCC Conservation Office:  KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801									Phone 620.68	2 7000											
	KCC Dis	trict Office #2 -	· 3450 N. Roc	к Road,	Building 600, S	Suite 601, Wichita	a, KS 6/226		Phone 316.33	37.7400											

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

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



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

Laura Kelly, Governor

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

11/14/2024

Kevin Fischer Apollo Energies, Inc. 10378 N 281 HWY PRATT, KS 67124-7920

Re: Temporary Abandonment API 15-145-21091-00-00 CLINE 1-A SW/4 Sec.16-23S-17W Pawnee County, Kansas

## Dear Kevin Fischer:

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

## Needs a current fluid level attached to kolar form

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by 12/14/2024.

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, Michael Maier KCC DISTRICT 1