

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be Typed

Form must be signed

All blanks must be complete

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 ☐ WGS84County: _____ 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: _____

Do you have a valid Oil & Gas Lease? ☐ Yes ☐ NoDepth 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 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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
CASING MECHANICAL INTEGRITY TEST

Form U-7
August 2019

Disposal: <input checked="" type="checkbox"/> Enhanced Recovery: <input type="checkbox"/> KCC District No.: <u>1</u> Operator License No.: <u>6039</u> Name: <u>L. D. Drilling, Inc.</u> Address 1: <u>7 SW 26TH AVE</u> Address 2: _____ City: <u>GREAT BEND</u> State: <u>KS</u> Zip: <u>67530</u> + <u>6525</u> Contact Person: <u>Susan Schneweis</u> Phone: (<u>620</u>) <u>793-3051</u>	API No.: <u>15-097-21704-00-00</u> Permit No.: <u>D30971.0</u> SW NW NW Sec. <u>34</u> Twp. <u>27</u> S. R. <u>18</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>928</u> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <u>352</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Lease: <u>ANTHONY</u> Well No.: <u>5-34</u> County: <u>Kiowa</u>
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Well Construction Details: ☐ New well ☐ Existing well with changes to construction ☒ Existing well with no changes to construction

Maximum Authorized Injection Pressure: 0 psi Maximum Injection Rate: 5000 bbl/d

	Conductor	Surface	Intermediate	Production	Liner	Tubing
Size:	<u>NA</u>	<u>8.625</u>	<u>NA</u>	<u>5.5</u>	<u>NA</u>	<u>2.875</u>
Set at:		<u>480</u>		<u>5227</u>		<u>5178</u>
Sacks of Cement:		<u>350</u>		<u>300</u>		<u>Sealtite</u>
Cement Top:		<u>0</u>		<u>4200</u>		
Cement Bottom:		<u>480</u>		<u>5227</u>		
Packer Type:	<u>Stainless Steel Compression</u>					Set at: <u>5178</u>

☐ DV Tool ☐ Port Collar Depth of: _____ feet with _____ sacks of cement TD (and plug back): 5600 feet depth

Zone of Injection Formation: ARBUCKLE Top Feet: 5227 Bottom Feet: 5600 Perf. or Open Hole: Open

Is there a Chemical Sealant or a Mechanical Casing patch in the annular space? ☐ Yes ☒ No

If Dual Completion - Injection is: ☐ Above Production ☐ Below Production

FIELD DATA

GPS Location: Datum: ☐ NAD27 ☒ NAD83 ☐ WGS84 Lat: 37.65768 Long: -99.28501 Date Acquired: 06/29/2023

MIT Type: Tubing and Packer (or Initial Pressure) Test MIT Reason: 1-YEAR TEST

Time in Minute(s):	<u>0</u>	<u>15</u>	<u>30</u>			
Pressures: Set up 1	<u>350</u>	<u>345</u>	<u>345</u>			
Set up 2						
Set up 3						

Tested: ☐ Casing ☒ or Casing - Tubing Annulus System Pressure during test: _____ Bbls. to load annulus: 3

Test Date: 02/02/2024 Using: D.P.T. Company's Equipment: _____

The zone tested for this well is between 0 feet and 5178 feet.

The test results were verified by operator's representative:

Name: Mike Kasselmann Title: Production Supervisor Phone: (620) 793-3051

KCC Office Use Only

The results were:

- ☒ Satisfactory
☐ Not Satisfactory

Next MIT: 02/01/2025

State Agent: Nathan Feldkamp Title: E.C.R.S. Witness: ☒ Yes ☐ No

Remarks: Retest in 1 year

01/30/2025

Lanny Butner
MAD Operators LLC
7 SW 26 AVE
GREAT BEND, KS 67530-6525

Re: Temporary Abandonment
API 15-097-21704-00-00
ANTHONY 5-34
NW/4 Sec.34-27S-18W
Kiowa County, Kansas

Dear Lanny Butner:

"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 01/30/2026.

- * 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 01/30/2026.

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

Very truly yours,

Michael Maier"