KOLAR Document ID: 1832202

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-111
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# 35798
Name: Plateau Operating Corporation
Address 1: PO BOX 50974
Address 2:
City: NASHVILLE State: TN Zip: 37205 + 0974
Contact Person: Bill Kerrigan
Phone: (615) 708-1458
Contact Person Email:
Field Contact Person:
Field Contact Person Phone: ( )

API No. 15- 15-075-20907-00-00
Spot Description:
_ - _ - _ - NW Sec. 18 Twp. 25 S. R. 40 ☐ E ☑ W
1320 feet from ☑ N / ☐ S Line of Section
1320 feet from ☐ E / ☑ W Line of Section
GPS Location: Lat: (e.g. xx.xxxxx) , Long: (e.g. -xxx.xxxxx)
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Hamilton Elevation: ☐ GL ☐ KB
Lease Name: SIMON Well #: #1-18
Well Type: *(check one)* ☐ Oil ☑ Gas ☐ OG ☐ WSW ☐ Other:
☐ SWD Permit #: ☐ ENHR Permit #:
☐ Gas Storage Permit #:
Spud Date: 01/24/2022 Date Shut-In: 1/30/2022

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	0	8.625	5.5	0	0	0
Setting Depth	0	820	2659	0	0	0
Amount of Cement	0	325	265	0	0	0
Top of Cement	0	0	812	0	0	0
Bottom of Cement	0	820	2670	0	0	0

Casing Fluid Level from Surface: 0 How Determined? Precision Wireline & Testing Date: 02/25/2025
Casing Squeeze(s): ____ (top) to ____ (bottom) w / ____ sacks of cement, ____ (top) to ____ (bottom) 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: ____ (depth) w / ____ sacks of cement ☐ Port Collar: ____ (depth) w / ____ sack of cement
Packer Type: Size: Inch Set at: Feet
Total Depth: 2670 Plug Back Depth: Plug Back Method:

Geological Date:

Formation Name	Formation Top	Formation Base	Completion Information
1.	At:	to Feet	Perforation Interval to Feet or Open Hole Interval 0 to 0 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: Michael Maier Comments:
TA Approved: ☑ Yes ☐ Denied Date: 03/06/2025

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

PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER PLATEAU OPERATING CORP.
WELL NAME BRUNSWIG 1-3
LOCATION C NW/4 3-18S-40W
COUNTY GREELEY STATE KS

CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
PERFS _____ TO _____ , _____ TO _____ , _____ TO _____ , _____ TO _____
PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
GG _____ API _____ @ _____ GM _____ RESERVOIR _____

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS	
		CSG PSIG	ΔP CSG	TBG PSIG	ΔP TBG	BHP PSIG	ΔP BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLS.	WATER BBLS.
TUESDAY													
2-25-25													
1030		33.1		PUMP OFF									

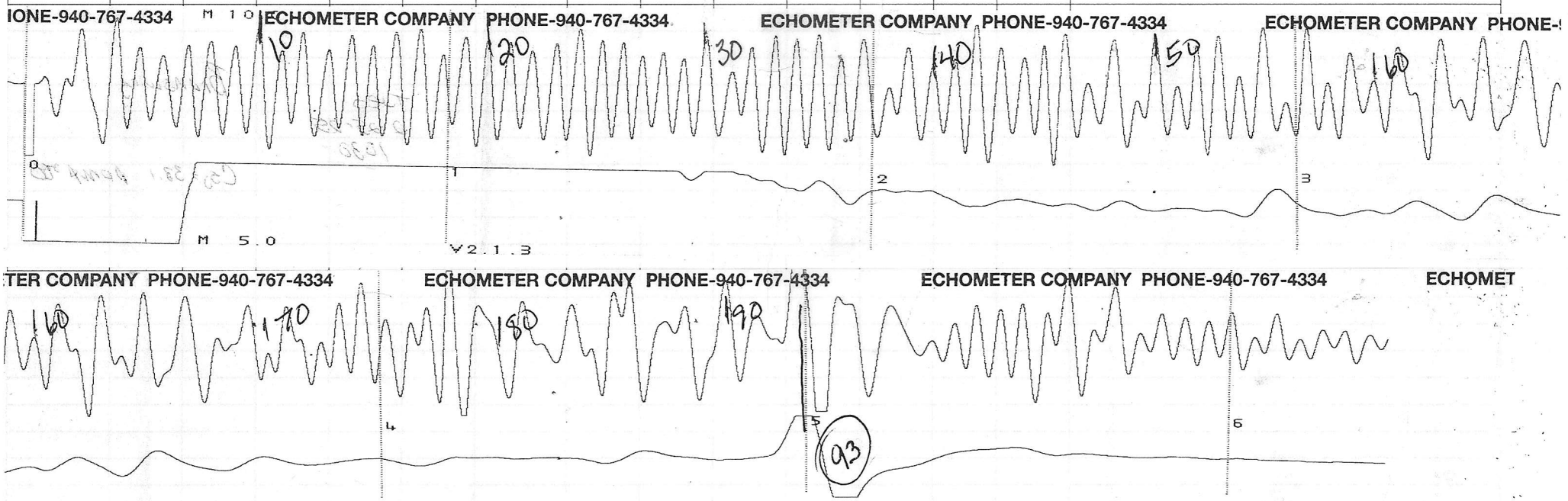
TYPE TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL ____ RETEST ____ DATE 2-25-25

REMARKS PERTINENT TO TEST DATA QUALITY

ASSUME AVERAGE JT. LENGTH = 31.50'

CONDUCT LIQUID LEVEL DETERMINATION TEST

SHOT #	JTS TO FLUID	DISTANCE TO FLUID
1	93.0	2930'
2	93.0	2930'

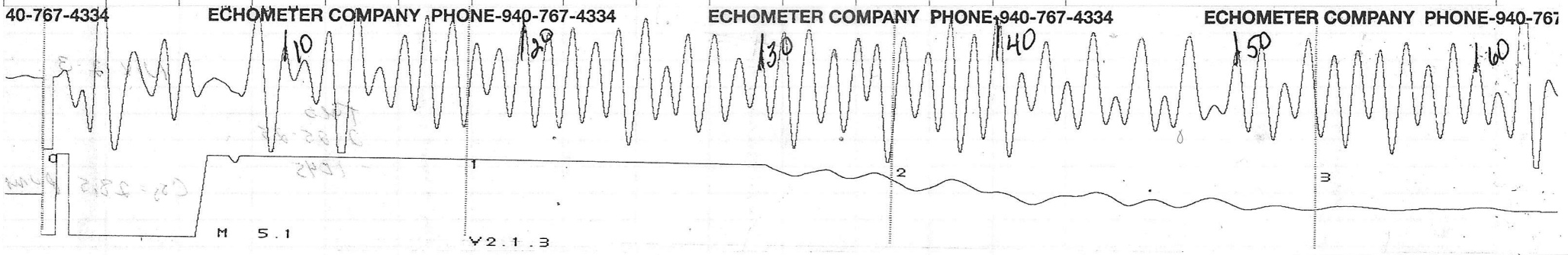


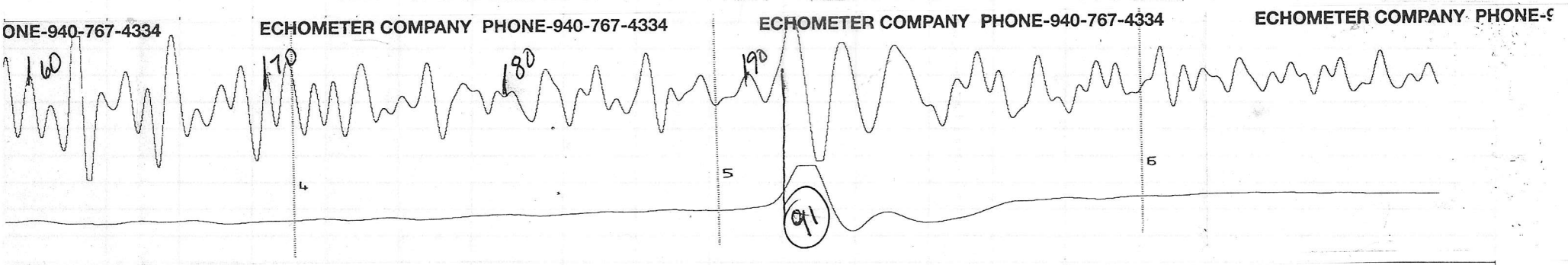
PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER PLATEAU OPERATING CORP.
WELL NAME NIX 2-3
LOCATION SW SW NE 3-18S-40W
COUNTY GREELEY STATE KS

CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
PERFS _____ TO _____ , _____ TO _____ , _____ TO _____ , _____ TO _____
PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
GG _____ API _____ @ _____ GM _____ RESERVOIR _____

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL ____ RETEST ____ DATE 2-25-25
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLS.	WATER BBLS.	REMARKS PERTINENT TO TEST DATA QUALITY
TUESDAY														ASSUME AVERAGE JT. LENGTH = 31.50'
2-25-25														CONDUCT LIQUID LEVEL DETERMINATION TEST
1045		28.5		PUMP OFF										SHOT # / JTS TO FLUID / DISTANCE TO FLUID
														1 — 91.0 — 2867'
														2 — 91.0 — 2867'





PRECISION WIRELINE and TESTING
P.O. BOX 560
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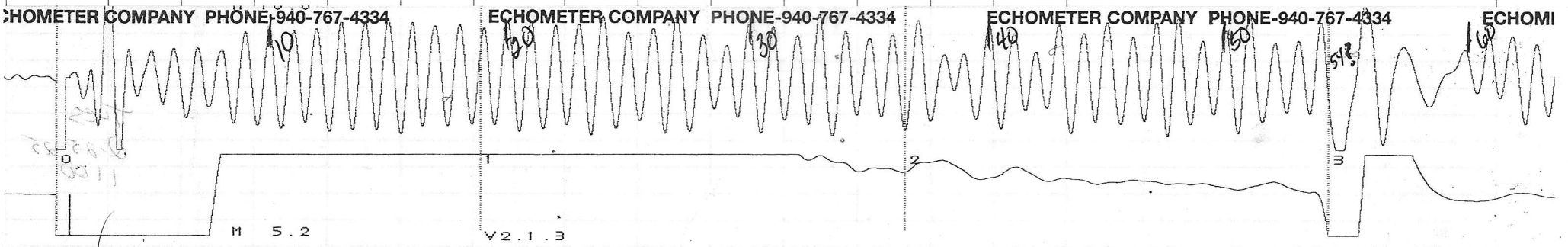
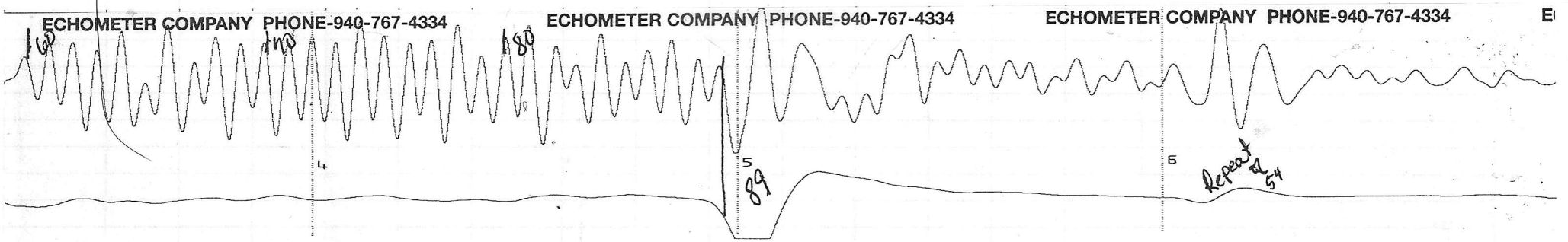
620-629-0204

PRODUCER PLATEAU OPERATING CORP.
WELL NAME NIX 1-3
LOCATION W/2 E/2 NE 3-18S-40W
COUNTY GREELEY STATE KS

CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
PERFS _____ TO _____ , _____ TO _____ , _____ TO _____ , _____ TO _____
PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
GG _____ API _____ @ _____ GM _____ RESERVOIR _____

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL ____ RETEST ____ DATE 2-25-25
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLS.	WATER BBLS.	REMARKS PERTINENT TO TEST DATA QUALITY
TUESDAY														ASSUME AVERAGE JT. LENGTH = 31.50'
2-25-25														CONDUCT LIQUID LEVEL DETERMINATION TEST
1100		30.1		PUMP OFF										SHOT # / JTS TO FLUID / DISTANCE TO FLUID
														1 — 89.0 — 2804'
														2 — 89.0 — 2804'



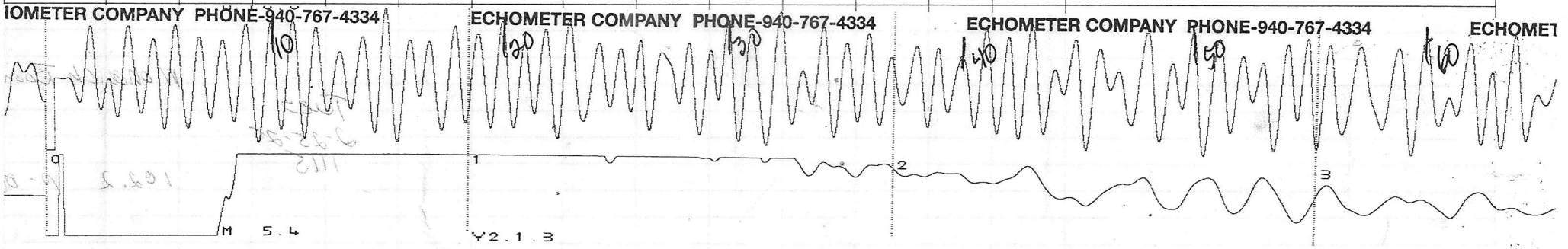


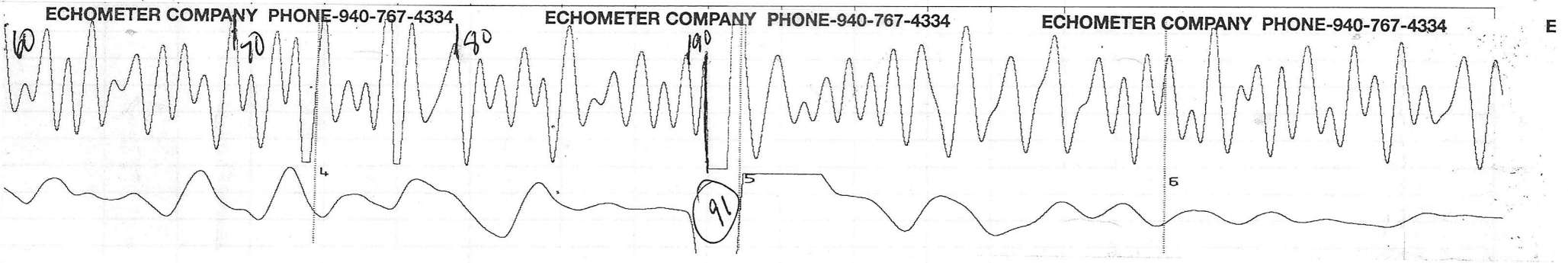
PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER PLATEAU OPERATING
WELL NAME BOUNDS 2-10
LOCATION NE NW 10-18S-40W
COUNTY GREELEY STATE KS

CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
PERFS _____ TO _____ , _____ TO _____ , _____ TO _____ , _____ TO _____
PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
GG _____ API _____ @ _____ GM _____ RESERVOIR _____

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL____ RETEST ____ DATE 2-25-25
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLS.	WATER BBLS.	REMARKS PERTINENT TO TEST DATA QUALITY
TUESDAY														ASSUME AVERAGE JT. LENGTH = 31.50'
2-25-25														CONDUCT LIQUID LEVEL DETERMINATION TEST
1115		102.2		PUMP OFF										SHOT # / JTS TO FLUID / DISTANCE TO FLUID
				NO P/U										1 — 91.0 — 2867'
														2 — 91.0 — 2867'





PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER PLATEAU OPERATING CORP.
WELL NAME WENDT 1-3
LOCATION SE SE 3-18S-40W
COUNTY GREELEY STATE KS

CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
PERFS _____ TO _____ , _____ TO _____ , _____ TO _____ , _____ TO _____
PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
GG _____ API _____ @ _____ GM _____ RESERVOIR _____

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS	
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLS.	WATER BBLS.
TUESDAY													
2-25-25													
1130		1.0		PUMP OFF									

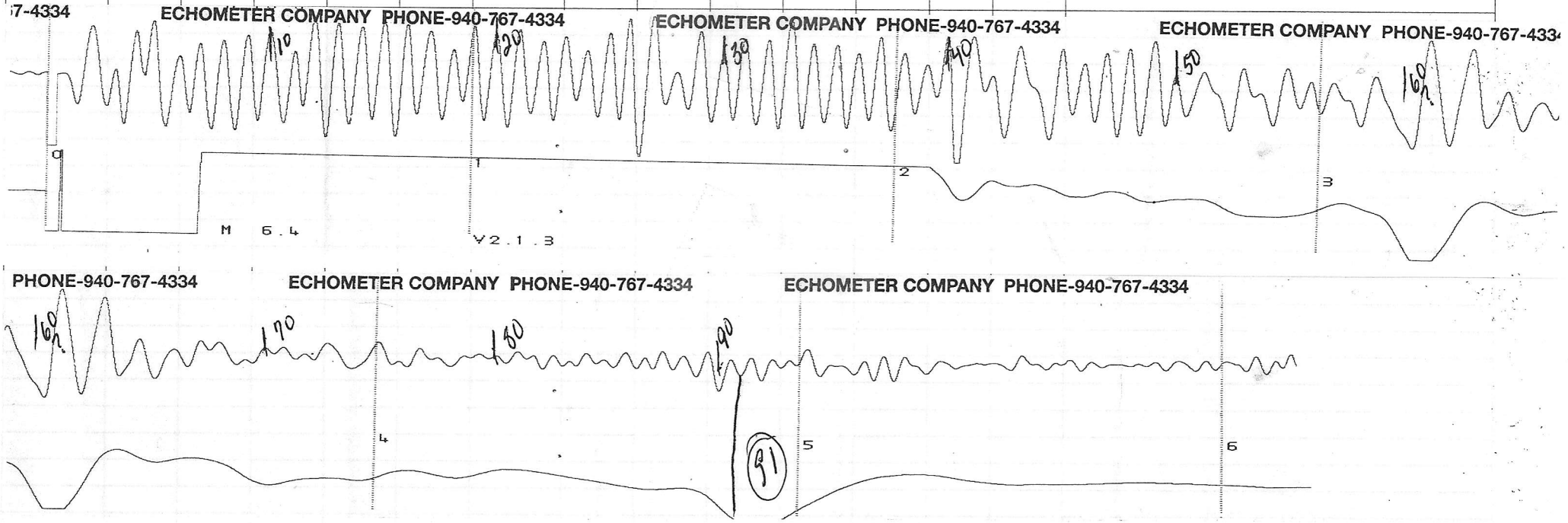
TYPE TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL ____ RETEST ____ DATE 2-25-25

REMARKS PERTINENT TO TEST DATA QUALITY

ASSUME AVERAGE JT. LENGTH = 31.50'

CONDUCT LIQUID LEVEL DETERMINATION TEST

SHOT #	JTS TO FLUID	DISTANCE TO FLUID
1	91.0	2867'
2	91.0	2867'



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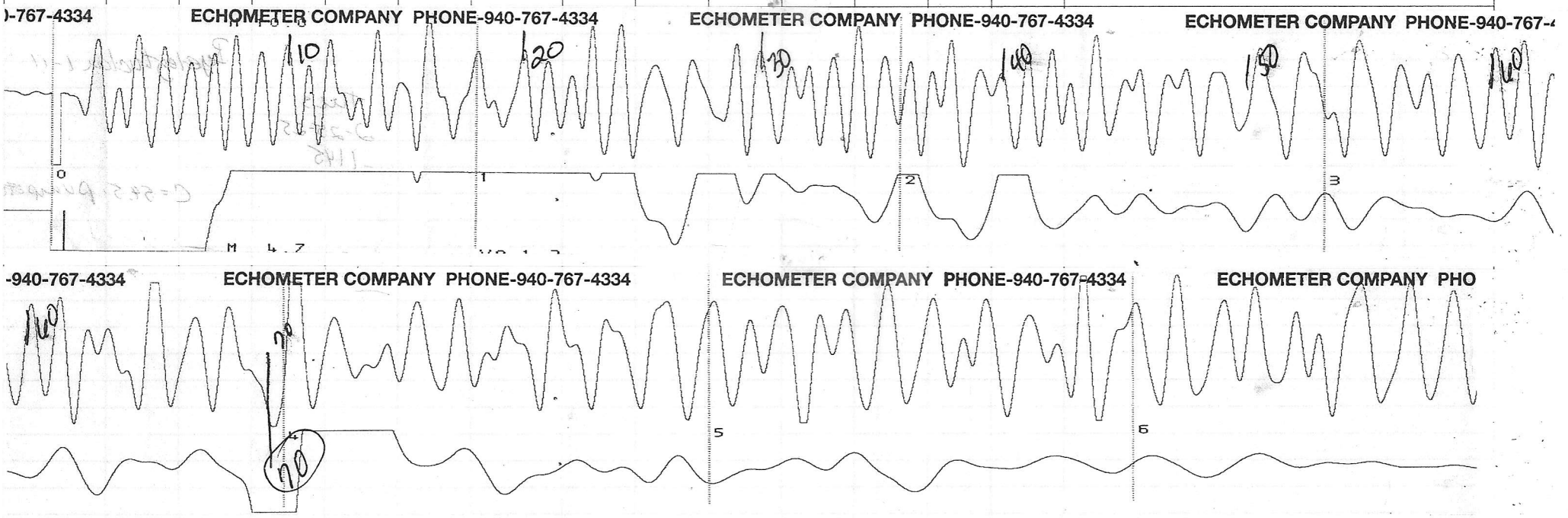
PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER PLATEAU OPERATING CORP.
WELL NAME BYERLEY TUCKER 1-11
LOCATION NW NW 11-18S-40W
COUNTY GREELEY STATE KS

CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
PERFS _____ TO _____ , _____ TO _____ , _____ TO _____ , _____ TO _____
PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
GG _____ API _____ @ _____ GM _____ RESERVOIR _____

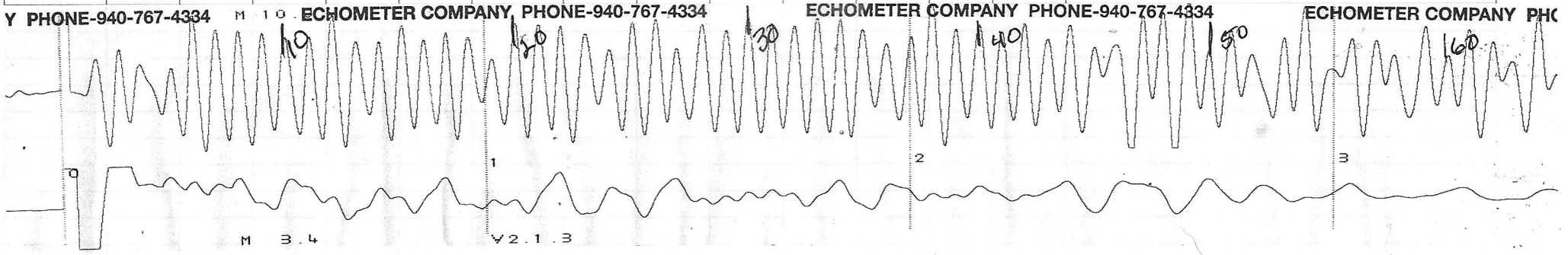
DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL ____ RETEST ____ DATE 2-25-25
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLS.	WATER BBLS.	REMARKS PERTINENT TO TEST DATA QUALITY
TUESDAY														ASSUME AVERAGE JT. LENGTH = 31.50'
2-25-25														CONDUCT LIQUID LEVEL DETERMINATION TEST
1145		54.5		PUMP OFF										SHOT # / JTS TO FLUID / DISTANCE TO FLUID
														1 — 70.0 — 2205'
														2 — 70.0 — 2205'

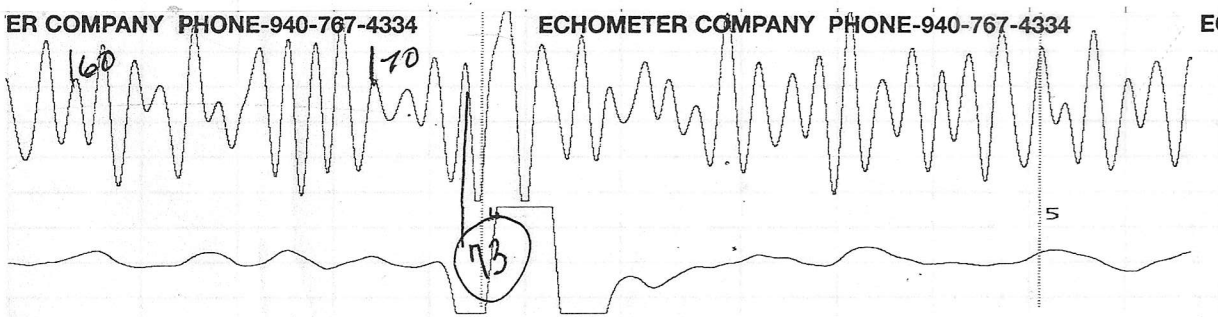


PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER PLATEAU OPERATING CORP. CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
WELL NAME LEVENS 2-6 TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
LOCATION NW NW 6-25S-40W PERFS _____ TO _____ , _____ TO _____ , _____ TO _____ , _____ TO _____
COUNTY HAMILTON STATE KS PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
GG _____ API _____ @ _____ GM _____ RESERVOIR _____

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL ____ RETEST ____ DATE 2-25-25
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLS.	WATER BBLS.	REMARKS PERTINENT TO TEST DATA QUALITY
TUESDAY														ASSUME AVERAGE JT. LENGTH = 31.50'
2-25-25														CONDUCT LIQUID LEVEL DETERMINATION TEST
1245		414.6		PUMP OFF										SHOT # / JTS TO FLUID / DISTANCE TO FLUID
				NO P/U										
														1 — 73.0 — 2300'
														2 — 73.0 — 2300'





PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER PLATEAU OPERATING CORP.
WELL NAME SIMON 1-18
LOCATION NW 18-25S-40W
COUNTY HAMILTON STATE KS

CSG ____ WT ____ SET @ ____ TD ____ PB ____ GL ____
TBG ____ WT ____ SET @ ____ SN ____ PKR ____ KB ____
PERFS ____ TO ____ , ____ TO ____ , ____ TO ____ , ____ TO ____
PROVER ____ METER ____ TAPS ____ ORIFICE ____ PCR ____ TCR ____
GG ____ API ____ @ ____ GM ____ RESERVOIR ____

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL ____ RETEST ____ DATE 2-25-25
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLS.	WATER BBLS.	REMARKS PERTINENT TO TEST DATA QUALITY
TUESDAY														
2-25-25														
1300		0												CONDUCT LIQUID LEVEL DETERMINATION TEST
														OBSERVE FLUID 5' FROM SURFACE

PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER PLATEAU OPERATING CORP. CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
WELL NAME WEAVER 1-15 TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
LOCATION NW 15-25S-40W PERFS _____ TO _____ , _____ TO _____ , _____ TO _____ , _____ TO _____
COUNTY HAMILTON STATE KS PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
GG _____ API _____ @ _____ GM _____ RESERVOIR _____

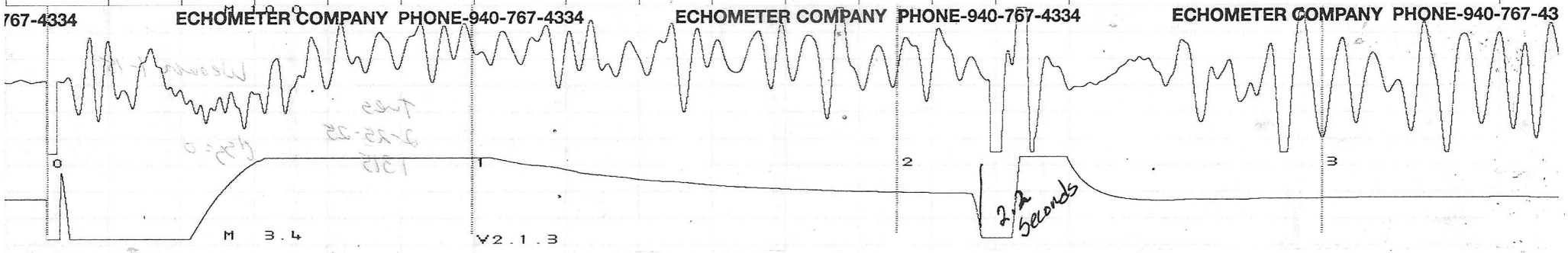
DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS	
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLS.	WATER BBLS.
TUESDAY													
2-25-25													
1315		0											

TYPE TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL ____ RETEST ____ DATE 2-25-25

REMARKS PERTINENT TO TEST DATA QUALITY

CONDUCT LIQUID LEVEL DETERMINATION TEST

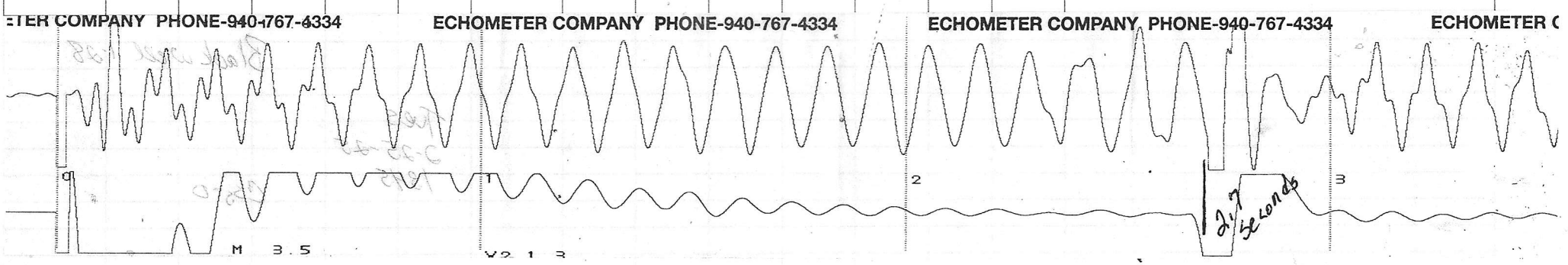
SHOT #	SECONDS TO FLUID	DISTANCE TO FLUID
1	2.2	1234'
2	2.2	1234'



PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-629-0204

PRODUCER PLATEAU OPERATING CORP. CSG _____ WT _____ SET @ _____ TD _____ PB _____ GL _____
WELL NAME BLACKWELL 1-28 TBG _____ WT _____ SET @ _____ SN _____ PKR _____ KB _____
LOCATION SE NW NE NE 28-25S-40W PERFS _____ TO _____ , _____ TO _____ , _____ TO _____ , _____ TO _____
COUNTY HAMILTON STATE KS PROVER _____ METER _____ TAPS _____ ORIFICE _____ PCR _____ TCR _____
GG _____ API _____ @ _____ GM _____ RESERVOIR _____

DATE TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE TEST: INITIAL ____ SPEICAL ____ ENDING ____ ANNUAL ____ RETEST ____ DATE 2-25-25
		CSG PSIG	Δ P CSG	TBG PSIG	Δ P TBG	BHP PSIG	Δ P BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBLS.	WATER BBLS.	REMARKS PERTINENT TO TEST DATA QUALITY
TUESDAY														
2-25-25														
1345		0												CONDUCT LIQUID LEVEL DETERMINATION TEST
														SHOT # / SECONDS TO FLUID / DISTANCE TO FLUID
														1 / 2.7 / 1515'
														2 / 2.7 / 1515'



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

Kansas
Corporation Commission

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

03/06/2025

Bill Kerrigan
Plateau Operating Corporation
PO BOX 50974
NASHVILLE, TN 37205-0974

Re: Temporary Abandonment
API 15-075-20907-00-00
SIMON #1-18
NW/4 Sec.18-25S-40W
Hamilton County, Kansas

Dear Bill Kerrigan:

"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 03/06/2026.

* 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 03/06/2026.

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

Very truly yours,

Michael Maier"