

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 Data:

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: Office Name, Address, Phone. Rows for District Office #1, #2, #3, #4.

File Mode Option Tools Help

- Acquire Mode
- Recall Mode

F2 Setup

F3

Base Well File

F4

Select Test

F5 Acquire Data

F6 Analyze

Select Liquid Level	Current	Potential	
Oil		0.0	BBL/D
Water		0.0	BBL/D
Gas		0.0	Mscf/D

IPR Method

PBHP/SBHP

Producing Efficiency %

Fluid Densities

Oil	<input type="text" value="40"/> deg.API
Water	<input type="text" value="1.05"/> Sp.Gr.H2O
Gas Gravity	<input type="text" value="1.15"/> Air = 1

Acoustic Velocity ft/s

Pump Submergence

Total Gaseous Liquid Column HT (TVD) ft

Equivalent Gas Free Liquid HT (TVD) ft

Comment

Casing Pressure psi (g)

Casing Pressure Buildup psi

min

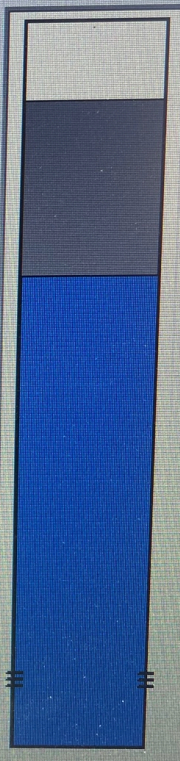
Gas/Liquid Interface Pres. psi (g)

Liquid Level Depth MD ft

Pump Intake Depth MD ft

TVD ft

Formation Depth MD ft



Well State:

Annular Gas Flow Mscf/D

% Liquid

Pump Intake Pressure psi (g)

PBHP psi (g)

Reservoir Pressure (SBHP) psi (g)

< Pg Up >

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

06/04/2025

Jessica Fullerton
Prairie Wolf Operating, LLC
PO BOX 1447
STILWELL, OK 74960-1447

Re: Temporary Abandonment
API 15-155-21689-01-00
BLACK FARMS 4 #1H
NW/4 Sec.04-25S-10W
Reno County, Kansas

Dear Jessica Fullerton:

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

**High Fluid Level
Shut-in Over 10 years**

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by 07/04/2025.

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