

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

OPERATOR: License# \_\_\_\_\_ API No. 15- \_\_\_\_\_

Name: \_\_\_\_\_ Spool Description: \_\_\_\_\_

Address 1: \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  E  W

Address 2: \_\_\_\_\_ feet from  N /  S Line of Section

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ feet from  E /  W Line of Section

Contact Person: \_\_\_\_\_ GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Datum:  NAD27  NAD83  WGS84

Contact Person Email: \_\_\_\_\_ County: \_\_\_\_\_ Elevation: \_\_\_\_\_  GL  KB

Field Contact Person: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Contact Person Phone: (\_\_\_\_) \_\_\_\_\_ Well Type: (check one)  Oil  Gas  OG  WSW  Other: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_  ENHR Permit #: \_\_\_\_\_

Gas Storage Permit #: \_\_\_\_\_ Spud Date: \_\_\_\_\_ Date Shut-In: \_\_\_\_\_

CANCELLED 10/3/2019  
OPERATOR SUBMITTED ON  
INCORRECT API NO - SEE 15-167-21419-00-02

	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: \_\_\_\_\_

(top) (bottom) (top) (bottom)

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: \_\_\_\_\_ w / \_\_\_\_\_ sacks of cement  Port Collar: \_\_\_\_\_ w / \_\_\_\_\_ sack of cement

(depth) (depth)

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:  Yes  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

October 01, 2019

Shawn Evans  
Shawn D. Evans Inc. dba ACE Oil Company  
18529 WALTERS RD  
PO BOX 606  
RUSSELL, KS 67665-0606

Re: Temporary Abandonment  
API 15-167-21419-00-01  
S AND S RANCH 5 B  
NE/4 Sec.01-13S-15W  
Russell County, Kansas

Dear Shawn Evans:

"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 09/04/2020.

- \* 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 09/04/2020.

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

Very truly yours,

RICHARD WILLIAMS "