



**TEMPORARY ABANDONMENT WELL APPLICATION**

All blanks must be complete

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: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)  
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: \_\_\_\_\_

|                  | 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 \_\_\_\_\_  Tools in Hole at \_\_\_\_\_ Casing Leaks:  Yes  No Depth of casing leak(s): \_\_\_\_\_  
(depth) (depth)

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**

|   |  |                |                     |                      |                                 |
|---|--|----------------|---------------------|----------------------|---------------------------------|
| <b>Do NOT Write in This Space - KCC USE ONLY</b>                                      | 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 620.225.8888 |
|  | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
|  | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |

PRECISION WIRELINE and TESTING  
P.O. BOX 560  
LIBERAL, KANSAS 67905-0560  
316-624-4505

PRODUCER PIONEER OIL COMPANY  
WELL NAME BROOKOVER 2  
LOCATION 30-24S-32W  
COUNTY FINNEY 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<br>TIME OF<br>READING             | ELAP<br>TIME<br>HOUR | WELLHEAD PRESSURE DATA |                   |             |                   |             |                   | MEASUREMENT DATA |       |      |           | LIQUIDS       |                | TYPE  | INITIAL | SPEICAL | ENDING |   |
|--|----------------------|------------------------|-------------------|-------------|-------------------|-------------|-------------------|------------------|-------|------|-----------|---------------|----------------|-------|---------|---------|--------|---|
|  |                      | CSG<br>PSIG            | $\Delta$ P<br>CSG | TBG<br>PSIG | $\Delta$ P<br>TBG | BHP<br>PSIG | $\Delta$ P<br>BHP | PRESS<br>PSIG    | DIFF. | TEMP | Q<br>MCFD | COND<br>BBLs. | WATER<br>BBLs. | TEST: | ANNUAL  | RETEST  | DATE   | <u>9-15-14</u>                          |
| REMARKS PERTINENT TO TEST DATA QUALITY |                      |                        |                   |             |                   |             |                   |                  |       |      |           |               |                |       |         |         |        |   |
| MONDAY                                 |                      |                        |                   |             |                   |             |                   |                  |       |      |           |               |                |       |         |         |        |   |
| 9-15-14                                |                      |                        |                   |             |                   |             |                   |                  |       |      |           |               |                |       |         |         |        | ASSUME AVERAGE JT. LENGTH = 31.50'      |
| 1045                                   |                      | 0                      |                   | PUMP OFF    |                   |             |                   |                  |       |      |           |               |                |       |         |         |        | CONDUCT LIQUID LEVEL DETERMINATION TEST |
|  |                      |                        |                   |             |                   |             |                   |                  |       |      |           |               |                |       |         |         |        | SHOT                                    |
|  |                      |                        |                   |             |                   |             |                   |                  |       |      |           |               |                |       |         |         |        | JTS TO                                  |
|  |                      |                        |                   |             |                   |             |                   |                  |       |      |           |               |                |       |         |         |        | DISTANCE                                |
|  |                      |                        |                   |             |                   |             |                   |                  |       |      |           |               |                |       |         |         |        | #                                       |
|  |                      |                        |                   |             |                   |             |                   |                  |       |      |           |               |                |       |         |         |        | FLUID                                   |
|  |                      |                        |                   |             |                   |             |                   |                  |       |      |           |               |                |       |         |         |        | TO FLUID                                |
|  |                      |                        |                   |             |                   |             |                   |                  |       |      |           |               |                |       |         |         |        | 1                                       |
|  |                      |                        |                   |             |                   |             |                   |                  |       |      |           |               |                |       |         |         |        | 64.0                                    |
|  |                      |                        |                   |             |                   |             |                   |                  |       |      |           |               |                |       |         |         |        | 2016'                                   |
|  |                      |                        |                   |             |                   |             |                   |                  |       |      |           |               |                |       |         |         |        | 2                                       |
|  |                      |                        |                   |             |                   |             |                   |                  |       |      |           |               |                |       |         |         |        | 64.0                                    |
|  |                      |                        |                   |             |                   |             |                   |                  |       |      |           |               |                |       |         |         |        | 2016'                                   |

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



Phone: 620-225-8888  
Fax: 620-225-8885  
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair  
Jay Scott Emler, Commissioner  
Pat Apple, Commissioner

Sam Brownback, Governor

September 18, 2014

Brandi Stennett  
Pioneer Oil Company, Inc.  
HWY 50 AND AIRPORT RD  
RR # 4 BOX 142B  
LAWRENCEVILLE, IL 62439

Re: Temporary Abandonment  
API 15-055-20563-00-00  
BROOKOVER 2  
SW/4 Sec.30-24S-32W  
Finney County, Kansas

Dear Brandi Stennett:

"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 09/18/2015.

- \* 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 09/18/2015.

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

Very truly yours,

Michael Maier"