



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 _____ (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 620.225.8888
	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

CASING MECHANICAL INTEGRITY TEST

DOCKET # D-27,730.0

Disposal Enhanced Recovery:

SE NE SW Sec. 24, T. 33 S, R. 32 E

Repressuring
Flood
Tertiary

1985 (1984) Feet from South Section Line
2953 (2959) Feet from East Section Line

Date injection started _____
API # 15 - 175 - 10010-00-01

Lease Keller B Well # 1
County Seward

Operator: Oil Producers Inc of Kansas Operator License # 8061

Name & Address 1710 Waterfront PKWY Contact Person David Hayes

Wichita, KS 67206-6603 Phone (620) 546-4456

Max. Auth. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

Conductor	Surface	Production	Liner	Tubing
Size _____	<u>8 3/8"</u>	_____	_____	Size <u>2 3/8"</u>
Set at _____	<u>1440'</u>	_____	_____	Set at <u>880</u>
Cement Top _____	<u>0</u>	_____	_____	Type <u>Base</u>
" Bottom _____	<u>1440'</u>	_____	_____	

DV/Perf. _____ TD (and plug back) 6033 (1045) ft. depth
Packer type Baker AD-1 Size 2 3/8" x 8 3/8" Set at 880
Zone of injection Glorietta ft. to ft. 906-26 Perf. or open hole Perf

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.

Pressures:	Set up 1	System Pres. during test
<u>330</u> <u>325</u> <u>325</u>	_____	<u>0</u>
_____	Set up 2	Annular Pres. during test <u>330-325</u>
_____	Set up 3	Fluid loss during test <u>0</u> bbls.

T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with A Packer

Test Date 9/18/15 Using Max's Water Serv. Company's Equipment

The operator hereby certifies that the zone between 0 feet and 880 feet was the zone tested

David Hayes Signature CO. EMPLOYE Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Wade Klaus Title PIRT II Witness: Yes No _____

REMARKS: TA'D Well, One Year Test

Origin. Conservation Div.; KDHE/T; Dist. Office;

Computer Update

SA
GPS entered
SCANNED
KCC Form U-7 6/84
LUC

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/>

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

Sam Brownback, Governor

March 08, 2016

Lori Zehr
Oil Producers Inc. of Kansas
1710 WATERFRONT PKWY
WICHITA, KS 67206-6603

Re: Temporary Abandonment
API 15-175-10010-00-01
KELLER 1B
SW/4 Sec.24-33S-32W
Seward County, Kansas

Dear Lori Zehr:

"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 03/08/2017.

- * 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 03/08/2017.

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

Very truly yours,

Michael Maier"