



**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  
 620-629-0204

PRODUCER PIONEER OIL COMPANY  
 WELL NAME GARDEN CITY #1  
 LOCATION NW 14-24S-33W  
 COUNTY FINNE 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            | Δ P<br>CSG | TBG<br>PSIG | Δ P<br>TBG | BHP<br>PSIG | Δ P<br>BHP | PRESS<br>PSIG    | DIFF. | TEMP | Q<br>MCFD | COND<br>BBLs. | WATER<br>BBLs. | TEST: | ANNUAL  | RETEST  | DATE   | <u>7-19-16</u>                          |
| REMARKS PERTINENT TO TEST DATA QUALITY |                      |                        |            |             |            |             |            |                  |       |      |           |               |                |       |         |         |        |   |
| TUESDAY                                |                      |                        |            |             |            |             |            |                  |       |      |           |               |                |       |         |         |        |   |
| 7-19-16                                |                      |                        |            |             |            |             |            |                  |       |      |           |               |                |       |         |         |        | ASSUME AVERAGE JT. LENGTH = 31.50'      |
| 1145                                   |                      | 2.7                    |            | PUMP OFF    |            |             |            |                  |       |      |           |               |                |       |         |         |        | CONDUCT LIQUID LEVEL DETERMINATION TEST |
|  |                      |                        |            |             |            |             |            |                  |       |      |           |               |                |       |         |         |        | SHOT                                    |
|  |                      |                        |            |             |            |             |            |                  |       |      |           |               |                |       |         |         |        | JTS TO                                  |
|  |                      |                        |            |             |            |             |            |                  |       |      |           |               |                |       |         |         |        | DISTANCE                                |
|  |                      |                        |            |             |            |             |            |                  |       |      |           |               |                |       |         |         |        | #                                       |
|  |                      |                        |            |             |            |             |            |                  |       |      |           |               |                |       |         |         |        | FLUID                                   |
|  |                      |                        |            |             |            |             |            |                  |       |      |           |               |                |       |         |         |        | TO FLUID                                |
|  |                      |                        |            |             |            |             |            |                  |       |      |           |               |                |       |         |         |        | 1                                       |
|  |                      |                        |            |             |            |             |            |                  |       |      |           |               |                |       |         |         |        | 74.0                                    |
|  |                      |                        |            |             |            |             |            |                  |       |      |           |               |                |       |         |         |        | 2331'                                   |
|  |                      |                        |            |             |            |             |            |                  |       |      |           |               |                |       |         |         |        | 2                                       |
|  |                      |                        |            |             |            |             |            |                  |       |      |           |               |                |       |         |         |        | 74.0                                    |
|  |                      |                        |            |             |            |             |            |                  |       |      |           |               |                |       |         |         |        | 2331'                                   |

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

August 02, 2016

Brandi Stennett  
Pioneer Oil Company, Inc.  
400 Main Street  
P.O. Box 237  
Vincennes, IN 47591

Re: Temporary Abandonment  
API 15-055-20559-00-00  
GARDEN CITY 1-4  
NW/4 Sec.14-24S-33W  
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 08/02/2017.

- \* 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 08/02/2017.

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

Very truly yours,

Michael Maier"