



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

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: <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 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.337.7400
	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

OIL/GAS GAUGE REPORT

LEASE: Vincent Keiffer COUNTY: Morris STATE: KS FIELD: _____ PERIOD COVERED FROM: AM TO: 1-31-10 PM

DAYS	PRESSURE DATA AND GAS SALES								TANK SIZE			OIL PRODUCED			WATER PROD.			OIL SALES								
	WRE PROD	CHOKE SIZE	FTP	FCP	LP	DIFF.	PLATE SIZE	MCF	TANK #		TANK #		TANK #			DATE	TANK NO.	TICKET NUMBER	FROM		TO		BARRELS			
									86287	86288	TANK #	FT.	IN.	FT.	IN.				FT.	IN.	FT.	IN.		FT.	IN.	
1									7	2								1-28-10	86287	33835	9	6	0	5	182.00	
2									7	4																
3									7	6																
4									7	8																
5									7	10																
6									8	0																
7									8	3																
8									8	6																
9									8	10																
10									8	11																
11									9	0																
12									9	1																
13									9	2																
14									9	3																
15									9	4																
16									9	5																
17									9	6																
18									9	8																
19									9	11																
20									10	2																
21									10	4																
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26									10	6																
27									10	7																
28									10	7																
29									10	7																
30									10	7																
31									10	7																
1									10	7																

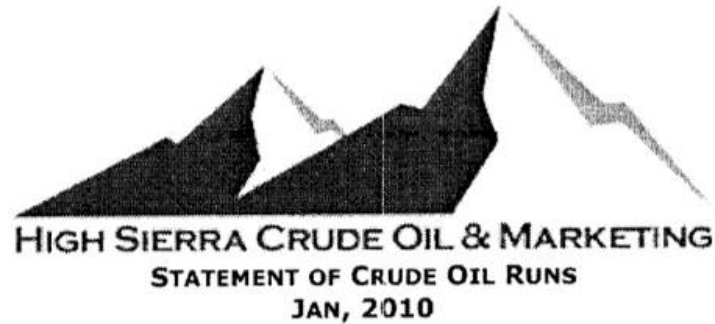
COMMENTS

TOTAL 72.81
DAILY AVERAGE 2.31

TOTAL 182.00

SUMMARY OF STOCKS

PUMPING WELLS			FIELD USE	OFFICE USE
SPM	STROKE LENGTH	PUMP SIZE		
			STOCK END OF MONTH	
			ADD PIPELINE RUNS	
			LESS STOCK FIRST OF MONTH	
			PRODUCTION FOR MONTH	
			SIGNATURE PUMPER	



2/18/2010 3:54 PM

OPERATOR: 60501

**BLAKE PRODUCTION COMPANY, INC.
1601 N.W. EXPRESSWAY
SUITE 1200
OKLAHOMA CITY, OK 73118**

LEASE NUMBER: 6583

LEASE NAME: KIEFER, VINCENT

LEGAL DESC: SEC 24-15-9

COUNTY/STATE: MORRIS, KS

DATE	TANK #	TICKET#	TEMP	CORRECTED GRAVITY	BS&W	NET BARRELS	PRICE	GROSS VALUE
1/28/2010	65832	HS33835	31.0	26.0	0.006	183.06	72.0019	\$13,180.67

Conservation Division
District Office No. 2
3450 N. Rock Road
Building 600, Suite 601
Wichita, KS 67226



Phone: 316-337-7400
Fax: 316-630-4005
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

October 21, 2016

Renee Coon
Blake Production Co., Inc.
1601 NW EXPRESSWAY STE 777
OKLAHOMA CITY, OK 73118-1463

Re: Temporary Abandonment
API 15-127-00181-00-00
JOHN CREEK UNIT - VINCENT KIEFFER 1
SW/4 Sec.24-15S-09E
Morris County, Kansas

Dear Renee Coon:

"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 10/21/2017.

- * 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 10/21/2017.

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

Very truly yours,

Jonathan Hill"