



TEMPORARY ABANDONMENT WELL APPLICATION

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

ECHOMETER MODEL M V4.0.2
SERIAL NO: 7961
ECHOMETER COMPANY
5001 DITTO LANE
WICHITA FALLS, TEXAS 76302
PHONE 940 - 767 - 4334
FAX 940 - 723 - 7507
E-MAIL INFO@ECHOMETER.COM

ECHOMETER COMPANY PHONE-940-767-4334

POWER ON
SELF TEST
PASS
REF 1.300 V
BATTERY
11.9 VOLTS

TURN ON
CHART DRIVE TO
TEST
WELL

WELL *Stehle*
CRASING PRESSURE.....
AP
ΔT
PRODUCTION RATE.....

ECHOMETER COMPANY PHONE-940-767-4334

UC

11/16/2016

08:03:16

QUIET WELL

GENERATE

UPPER COLLARS

A: 7.2

PULSE

P-P 0.394

mV

.....

PROD RATE EFF, %

.....

MAX PRODUCTION

.....

LIQUID LEVEL

M: 1.6

11.8

P-P 18.5

mV

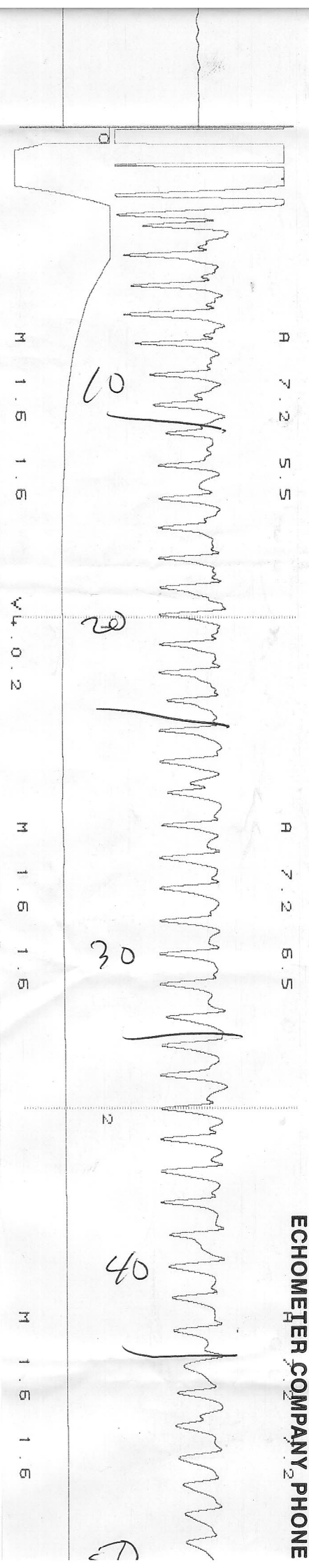
VOLTS

JOINTS TO LIQUID..... 71

DISTANCE TO LIQUID.....

P8HP.....

SBHP.....



A 7.2 5.5

A 7.2 5.5

ECHOMETER COMPANY, PHONE

M 1.5 1.5

M 1.5 1.5

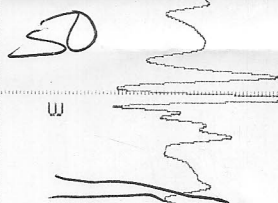
M 1.5 1.5

V.L.O. 2

2

DNE-940-767-4334

R 7.2 7.2



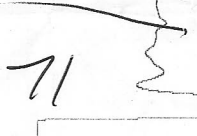
M 1.5 1.5

60

70

11

R 7.2 7.0



M 1.5 1.5

5

R 7.2 7.2

M 1.5 1.5

ECHOME1

ECHOMETER COMPANY PHONE-940-767-4334

5

M 1.5



Conservation Division
District Office No. 4
2301 E. 13th Street
Hays, KS 67601-2651



Phone: 785-625-0550
Fax: 785-625-0564
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

November 18, 2016

Terry E. Morris
Morris, Terry E. dba G L M Company
PO BOX 193
RUSSELL, KS 67665-0193

Re: Temporary Abandonment
API 15-167-22479-00-00
STEINLE 3
SW/4 Sec.22-13S-14W
Russell County, Kansas

Dear Terry E. Morris:

"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 11/18/2017.

- * 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 11/18/2017.

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

Very truly yours,

Richard Williams"