



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

PRECISION WIRELINE and TESTING
P.O. BOX 560
LIBERAL, KANSAS 67905-0560
620-624-4505

PRODUCER W.R. WILLIAMS
WELL NAME STANCO #1
LOCATION 4-22S-40W
COUNTY HAMILTON 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 TIME OF READING	ELAP TIME HOUR	WELLHEAD PRESSURE DATA						MEASUREMENT DATA				LIQUIDS		TYPE	INITIAL	SPEICAL	ENDING	
		CSG PSIG	ΔP CSG	TBG PSIG	ΔP TBG	BHP PSIG	ΔP BHP	PRESS PSIG	DIFF.	TEMP	Q MCFD	COND BBL.	WATER BBL.	TEST:	ANNUAL	RETEST	DATE	
MONDAY																		
9-12-16																		ASSUME AVERAGE JT. LENGTH = 31.50'
1415		17.1		PUMP ON														CONDUCT LIQUID LEVEL DETERMINATION TEST
																		SHOT
																		JTS TO
																		DISTANCE
																		#
																		FLUID
																		TO FLUID
																		1
																		80.0
																		2520'
																		2
																		80.0
																		2520'

W.R. Williams

Stanco #1

4-225-40W
Hamilton, KS

C=17.1 Pump ~~on~~

80.0 J/s @ 31.5 ± 2520'

Mon
9-12-16
1415

ECHOMETER COMPANY PHONE-940-767-4334

A 8.1

A 4.3

V 2.1.3

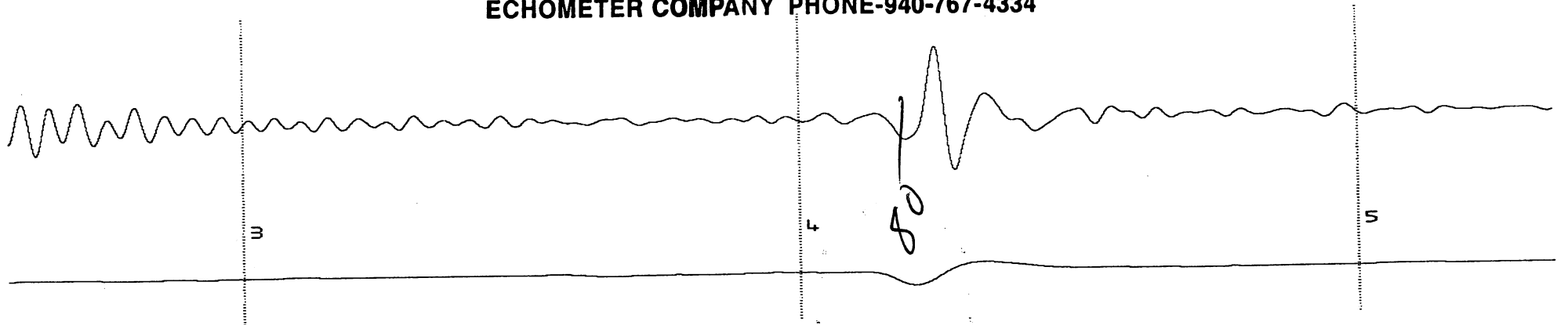
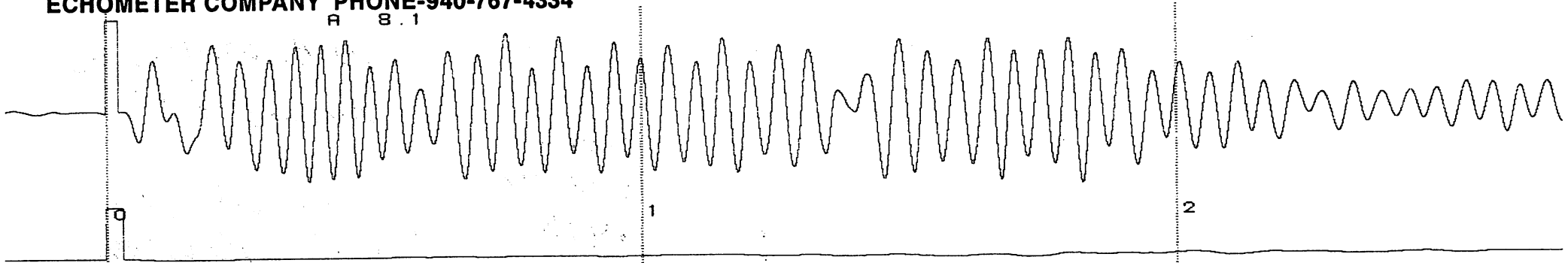
ECHOMETER COMPANY PHONE-940-767-4334

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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

December 27, 2016

W. Rob Williams
W. R. Williams, Inc.
PO BOX 15163
AMARILLO, TX 79105-5163

Re: Temporary Abandonment
API 15-075-20633-00-00
STANCO 1
NW/4 Sec.04-22S-40W
Hamilton County, Kansas

Dear W. Rob Williams:

"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 12/27/2017.

- * 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 12/27/2017.

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

Very truly yours,

Michael Maier"