



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 620.682.7933
	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 785.261.6250

CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

Repressuring
 Flood
 Tertiary

Date injection started _____
 API #15 -155 - 20897

DOCKE D-21654

NW SE NW, Sec 15, T 25 S, R 6 E

3679 Feet from South Section Line
 3603 Feet from East Section Line

Lease Edward SWD Well # 3
 County Keno

Operator: Vess Oil Corp.
 Name & Address 700 Waterfront Prwy Bldg-500
Wichita, Ks 67206

Operator License # 5030
 Contact Person TRACY BLACK
 Phone 316-215-1873

Max. Auth. Injection Press. 0 psi; Max. Inj. Rate 400 bbl/d;
 If Dual Completion - Injection above production Injection below production _____

Conductor	Surface	Production	Liner	Size	Tubing
8 7/8"	4.5"	4.5"		2 3/8	
267'	4076'	4076'		Set at 4060	
0'	3470'	3470'		Type <u>Duo-lined</u>	
267'	4076'	4076'			

TD (and plug back) _____ ft. depth
 Size 4.5" X 2 3/8" Set at 4060
 Packer type Model Perf. or open hole ARB
 Zone of injection 4076 ft. to ft. 4199

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

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

Pressures: <u>305</u>	<u>305</u>	<u>305</u>	Set up 1	System Pres. during test _____
_____	_____	_____	Set up 2	Annular Pres. during test <u>305</u>
_____	_____	_____	Set up 3	Fluid loss during test <u>0</u> bbls.

Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with Packer

Test Date 3-10-17 Using PATTON JACK SERVICE Company's Equipment

The operator hereby certifies that the zone between 0 feet and 4060 feet

was the zone tested [Signature] Title _____

The results were Satisfactory Marginal _____, Not Satisfactory _____

Site Agent [Signature] Title _____ Witness: Yes No _____

MARKS: Leaky MIT

Origin. Conservation Div.; KDFE/T; Dist. Office;
 Computer Update

RCC FORM U-7 6/8'

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/>

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

Sam Brownback, Governor

April 04, 2017

Casey Coats
Vess Oil Corporation
1700 WATERFRONT PKWY BLDG 500
WICHITA, KS 67206-6619

Re: Temporary Abandonment
API 15-155-20897-00-00
ELWARD 3
NW/4 Sec.15-25S-06W
Reno County, Kansas

Dear Casey Coats:

"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 04/04/2018.

- * 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 04/04/2018.

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

Very truly yours,

BJ Hope"