



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 620.682.7933
	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

# PRODUCERS WELL SERVICE

15183 SW 25 Ave  
Spivey, Kansas 67142-9074  
316-532-2770

COMPANY: <u>BPI</u>	INV. NO: _____ INV. DATE: _____
ADDRESS: _____	DATE WORK PERFORMED: _____
Lease: <u>Hanner</u> WELL NO: <u>2</u>	ORDER NO: _____
UNIT: <u>1</u> OPERATOR: _____	COUNTY: _____
JOB DESCRIPTION: <u>Packed</u>	EQUIP TYPE: <u>Double Drum Derrick</u>

## WELL RECORD

PULLED FROM WELL	EQUIPMENT	RAN IN WELL
DESCRIPTION		DESCRIPTION
1-16'	Polish Rod	1-16'
1-2' 2-4' 1-6'	Rod Subs	1-2' 2-4' 1-6'
20	Rods	20
	Rod Subs on Pump	
	Pump	
	Tubing Subs	
	Tubing	
	Seating Nipple	
	Perforated Sub	
	Mud Anchor	
	Gas Anchor	

Arr Location \_\_\_\_\_ Dep Loc \_\_\_\_\_  
Mileage \_\_\_\_\_

Rods parted at \_\_\_\_\_ rod from surface.  
Tubing leak at \_\_\_\_\_ joint from surface.

REMARKS: replace 1 new 3/4 rod  
Pressure tested OK

10/27/10

PRODUCERS WELL SERVICE

by: \_\_\_\_\_

	Qty/ Hours	Per Each Per Hour	Amount
Operator			
Extra Men			
Thread Dope			
Paint			
Diesel Fuel			
Tubing Tongs			
Rod Tongs			
Orbit Valve			
Swab Tools			
Swab Cups			
Oil Savers			
Rods/Tubing			
Rod Boxes/Subs			
Crew Travel			
Tubing Collars/Subs			
<b>TOTAL</b>			

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

March 27, 2017

Doug Bramwell  
Bramwell Petroleum, Inc.  
12826 SW 77 AVE  
ZENDA, KS 67159-9074

Re: Temporary Abandonment  
API 15-095-21642-00-00  
HANNER 2  
SE/4 Sec.01-30S-07W  
Kingman County, Kansas

Dear Doug Bramwell:

"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 03/27/2018.

- \* 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 03/27/2018.

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

Very truly yours,

Steve VanGieson"