



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: Yes 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: BPI
ADDRESS: _____

INV. NO: _____ INV. DATE: 9/4/10
DATE WORK PERFORMED: _____

Lease: SWC WELL NO: 3
UNIT: 1 OPERATOR: _____

CALLED BY: _____
ORDER NO: _____
COUNTY: _____

JOB DESCRIPTION: Pump change

EQUIP TYPE: Double Drum Derrick

WELL RECORD

PULLED FROM WELL	EQUIPMENT	RAN IN WELL
DESCRIPTION		DESCRIPTION
<u>1-16'</u>	Polish Rod	<u>1-16'</u>
<u>1-8' 1-2'</u>	Rod Subs	<u>1-8' 1-2'</u>
<u>154</u>	Rods	<u>154</u>
<u>-</u>	Rod Subs on Pump	<u>-</u>
<u>2X 1 1/2 X 12 RWBC</u>	Pump	<u>2X 1 1/2 X 12 RWBC</u>
	Tubing Subs	
	Tubing	
	Seating Nipple	
	Perforated Sub	
	Mud Anchor	
<u>21'</u>	Gas Anchor	<u>21'</u>

Arr Location _____ Dep Loc _____
Mileage _____

Rods parted at _____ rod from surface.
Tubing leak at _____ joint from surface.

REMARKS: Pump change
Load hole long stroke to 300 psi

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			
TOTAL			

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 15-095-22009-00-00
SOUTHWEST COLLEGE 3
NW/4 Sec.36-28S-08W
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"