



# 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

<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

WELL .....  
CASING PRESSURE .....  
 $\Delta P$  .....  
 $\Delta T$  .....  
PRODUCTION RATE .....

JOINTS TO LIQUID .....  
DISTANCE TO LIQUID .....  
PBHP .....  
SBHP .....  
PRD RATE EFF, % .....  
MAX PRODUCTION .....

03/28/2017 10:57:26  
QUIET WELL  
LOWER COLLARS R: 9.9  
P-P 0.030 mV  
LIQUID LEVEL R: 5.9  
P-P 0.086 mV  
12.0 VOL

ECHOMETER COMPANY PHONE-940-767-4334

WELL *Miles #2*  
CASING PRESSURE .....  
 $\Delta P$  .....  
 $\Delta T$  .....  
PRODUCTION RATE .....

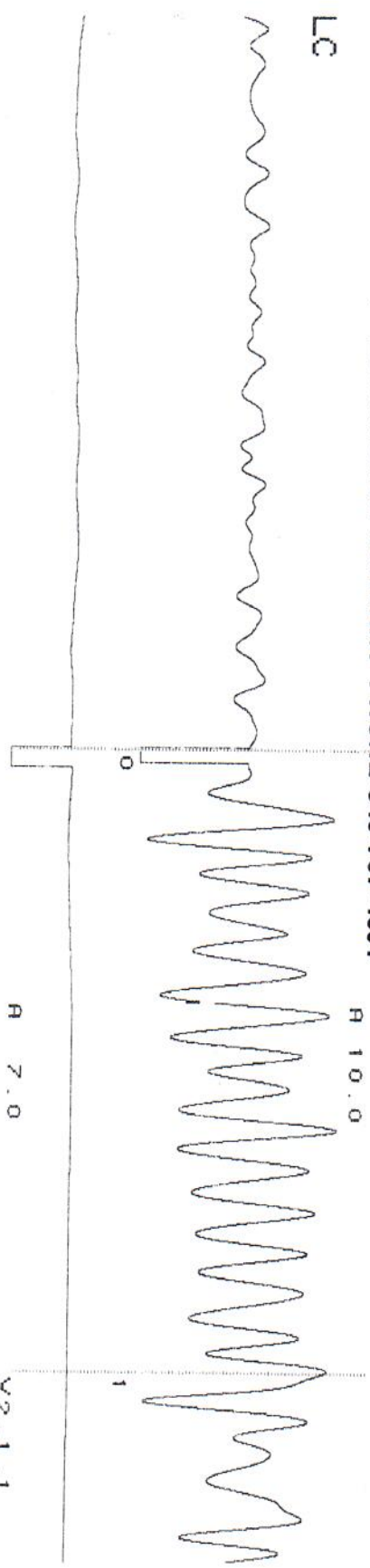
JOINTS TO LIQUID .....  
DISTANCE TO LIQUID .....  
PBHP .....  
SBHP .....  
PRD RATE EFF, % .....  
MAX PRODUCTION .....

03/28/2017 10:58:5  
QUIET WELL  
LOWER COLLARS R: 10.0  
P-P 0.017 mV  
LIQUID LEVEL R: 6.0  
P-P 0.030 mV

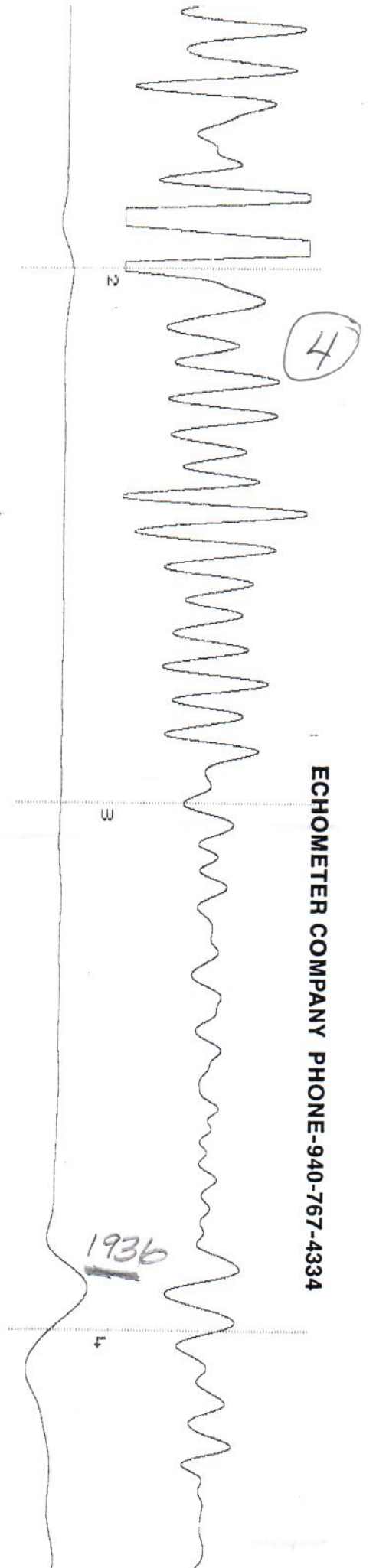
ECHOMETER COMPANY PHONE-940-767-4334

GENERATE PULSE

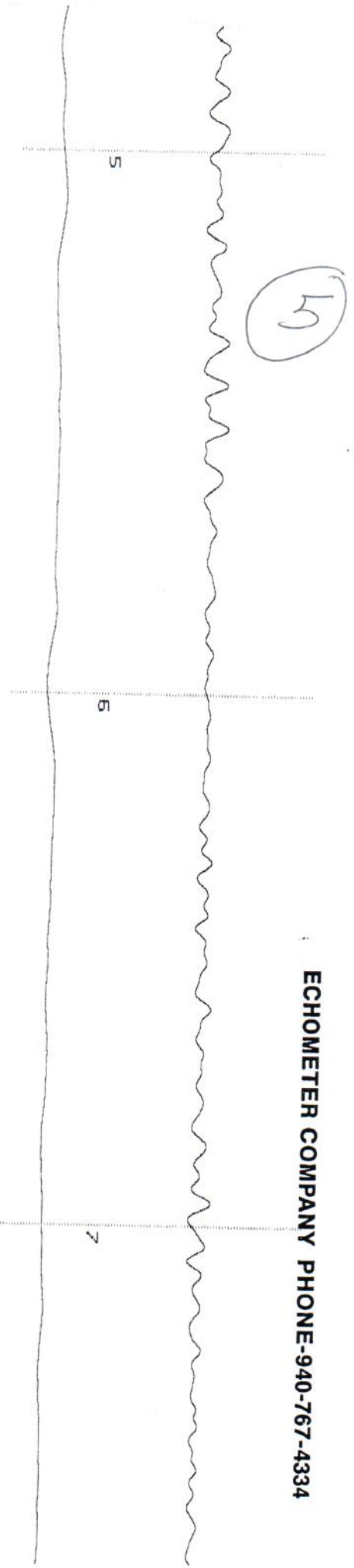
12.0 VOLTS



ECHOMETER COMPANY PHONE-940-767-4334



ECHOMETER COMPANY PHONE-940-767-4334



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 03, 2017

MIKE KISER  
Kiser, Michael dba MWK Petroleum Co.  
508 STONE LAKE CT  
AUGUSTA, KS 67010-2399

Re: Temporary Abandonment  
API 15-173-03528-00-00  
MILLER 2  
NE/4 Sec.33-25S-02E  
Sedgwick County, Kansas

Dear MIKE KISER:

"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 04/03/2018.

- \* 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 04/03/2018.

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

Very truly yours,

Dan Fox"