



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

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

FILE COPY

DOCKET # TA# 4.117

Disposal Well Enhanced Recovery:

Repressuring
Flood
Tertiary

NE NW NE, Sec 7, T 6 S, R 21 E/W

4780 Feet from South Section Line

1650 Feet from East Section Line

Date injection started _____

API #15-065-22146-0000

Lease Harvey Well # 3

County Graham

Operator: Unceant oil corp

Operator License # 5004

Name & Address 200 W Douglas #725

Contact Person _____

Wichita KS 67202

Phone 316-262-3573

Max. Auth. Injection Press. _____ Psi; Max Inj. Rate _____ bbl/d;

If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Size	_____	<u>8 5/8</u>	<u>5 1/2</u>	_____	_____	_____
Set at	_____	<u>250'</u>	<u>3718</u>	_____	_____	_____
Cement Top	_____	<u>250SXS</u>	<u>550SXS</u>	_____	_____	_____
" Bottom	_____	_____	_____	_____	_____	_____

DV/Perf. PC 1859 TD (and plug back) 3765 CIBP 3300 ft. depth

Packer type _____ Size _____ Set at _____

Zone of injection _____ ft. to ft. _____ Perf. or open hole _____

Type MIT: Pressure: Radioactive Tracer Survey: Temperature Survey:

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

I E Pressures: 325 325 325 Set up 1 System Pres. during test _____

L D _____ Set up 2 Annular Pres. during test _____

D A _____ Set up 3 Fluid loss during test _____ bbls.

T A Tested: Casing or Casing - Tubing Annulus

MIT For TA

The bottom of the tested zone in shut in with CIBP

Test Date 2-10-17 Using Kirks Company's Equipment

The operator hereby certifies that the zone between 0 feet and 3300 feet

was the zone tested [Signature] Signature FOREMAN Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent: MARU Mills Title: E.C.R.S. Witness: YES Y NO _____

REMARKS: _____

KCC Origin. Conservation Div.: KDHE/T: Dist. Office

Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N) N

GPS Lat 39 55 213 GPS Long 99 70 155

(If YES please describe in REMARKS)

April 03, 2017

M.L. Korphage
Vincent Oil Corporation
200 W DOUGLAS AVE #725
WICHITA, KS 67202-3013

Re: Temporary Abandonment
API 15-065-22146-00-00
HARVEY 3
NE/4 Sec.07-06S-21W
Graham County, Kansas

Dear M.L. Korphage:

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.

Your exception application expires on 03/30/2020.

- * 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,

RICHARD WILLIAMS