



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: 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 - 137 E. 21st St., Chanute, KS 66720	Phone 620.902.6450
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.261.6250



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 54963
 LOCATION Oakley, KS
 FOREMAN Walt Dinkal

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-21-17		Michalek #1	15	12 ^s	33 ^w	Logan
CUSTOMER <u>Abercrombie</u>						
MAILING ADDRESS <u>Oakley West to</u>						
CITY <u>380- Sooth. to</u>						
STATE <u>Wagon Rd</u>						
ZIP CODE <u>1 W 2 1/2</u>						
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>731</u>	<u>Cory Davis</u>		
			<u>460</u>	<u>Paul Williams</u>		

JOB TYPE Squeeze HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER 1 1/2 3136-63
 SLURRY WEIGHT 15.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 11 3/4 T DISPLACEMENT PSI _____ MIX PSI _____ RATE 2 1/2 BPM @ 800#

REMARKS: Safety meeting, rig up equipment, Test Plug @ 1200#, Hold -
Spotted 2-sand, set tool @ 3030', took rate: 2 1/2 BPM @ 800#, mixed
100 sks com, Took Cement on vac, Pump 5BBL galled, mixed 50 sks com.
Staged it @ squeeze @ 1200#, release tool & wash taking clean,
Pressure up squeeze to 1200# for 30 min, Hold.

Thank You
Walt & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
C00451	1	PUMP CHARGE	1,900.00	1,900.00
C00002	15	MILEAGE	7.15	107.25
C00711	7.05	Ton Mileage Delivery	1.15	660.00
CC5800	150 sks	Class A	20.00	3,000.00
CP9325	100#	Sand	.284	28.00
				3,695.25
		Less 30%		1,708.58
				3,986.67
		SALES TAX		
		ESTIMATED		
		TOTAL		

Ravin 3737
 AUTHORIZATION TITLE Foreman

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Conservation Division
District Office No. 4
2301 E. 13th Street
Hays, KS 67601-2651



Phone: 785-261-6250
Fax: 785-625-0564
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

November 29, 2017

Gary Misak
Abercrombie Energy, LLC
10209 W. CENTRAL, STE 2
WICHITA, KS 67212

Re: Temporary Abandonment
API 15-109-20542-00-01
MICHAELIS 1
SW/4 Sec.15-12S-33W
Logan County, Kansas

Dear Gary Misak:

"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 11/29/2018.

- * 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 11/29/2018.

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

Very truly yours,

RICHARD WILLIAMS"