

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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 - 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

CASING MECHANICAL INTEGRITY TEST

DOCKET # D-20,597

Disposal Well Enhanced Recovery:
 Repressuring
 Flood
 Tertiary

GPS SW NE NW, Sec 12, T 6 S, R 20 E/W
 4228' 4290 Feet from South Section Line
 3689' 3630 Feet from East Section Line

Date injection started _____
 API #15- 163 - 21,211-0001

Lease Hansen Trust A Well # 3
 County Rooks

Operator: Murfin Drilling Co. Inc.
 Name & Address 250 N. Water St. Ste 300
Wichita, Ks. 67202

Operator License # 30606
 Contact Person John Gerstner
 Phone (785)-421-2103

KCC
 NOV 06 2017
HAYS, KS

Max. Auth. Injection Press. 0 Psi; Max Inj. Rate 300 bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____

Conductor	Surface	Production	Liner	Tubing
Size _____	<u>8 5/8</u>	<u>4 1/2</u>	_____	Size <u>2 3/8</u>
Set at _____	<u>320</u>	<u>3628</u>	_____	Set at <u>1054</u>
Cement Top _____	<u>Surf. w/ 1205K</u>	<u>2858 w/ 1505K</u>	_____	Type <u>Fiberglass</u>
" Bottom _____	<u>320</u>	<u>3628</u>	_____	

 DV/Perf. 1250' w/ 2905K TD (and plug back) _____ PBD 1260 ft. depth
 Packer type Tension Size 4 1/2 x 2 3/8 Set at 1054
 Zone of injection 1116 ft. to ft. 1216 Perf. or open hole Perforated

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

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

I
 E Pressures: 330# 330# 330# Set up 1 | System Pres. during test VAC
 L _____ Set up 2 | Annular Pres. during test 330#
 D _____ Set up 3 | Fluid loss during test - bbls.

A
 T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone in shut in with Packer

Test Date 10-26-17 Using Hurricane Services Company's Equipment

The operator hereby certifies that the zone between 0 feet and 1054 feet

was the zone tested Shawn Brown Signature Production Foreman Title

The results were Satisfactory *, Marginal _____, Not Satisfactory _____
 State Agent: Pat Bedore Title: E.C.R.S. Witness: YES * PASSED NO _____
 REMARKS: _____

KCC Origin. Conservation Div.: KDHE/T: 09 Dist. Office

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

GPS Lat 39.55049°N GPS Long 099.50333°W

(If YES please describe in REMARKS)
 KCC Form U-7

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/>

Dwight D. Keen, Chair
Shari Feist Albrecht, Commissioner
Jay Scott Emler, Commissioner

Laura Kelly, Governor

April 16, 2019

Shane Vehige
Jaspar Co.
PO BOX 1120
HAYS, KS 67601-1120

Re: Temporary Abandonment
API 15-163-21211-00-01
HANSEN TRUST A 3
NW/4 Sec.12-06S-20W
Rooks County, Kansas

Dear Shane Vehige:

"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 04/16/2020.

- * 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 04/16/2020.

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

Very truly yours,

RICHARD WILLIAMS "