Form CP-111
July 2017
Form must be Typed
Form must be signed
All blanks must be complete

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: _____ *(e.g. xx.xxxxx)* , Long: _____ *(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 Date:

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
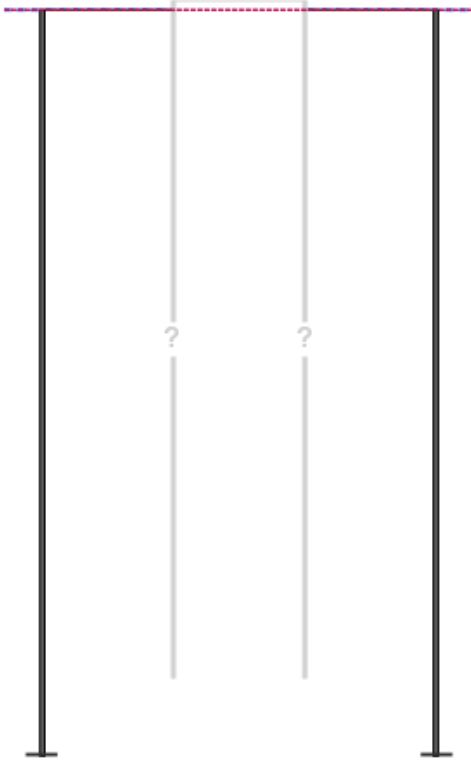
Do NOT Write in This Space - KCC USE ONLY

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

Producing Shot
Manual Input

Manually Entered Production

Liquid Level	0 ft
Percent Liquid	100.00%

Static Bottomhole Pressure
. psi (g) @ *.* ft TVD

Static Liquid Level	2241 ft MD
Oil Column Height	*.* ft MD
Water Column Height	*.* ft MD

Pressure Profile (TVD)

Well Test

Oil	*.* BBL/D
Water	*.* BBL/D

Comments and
Recommendations
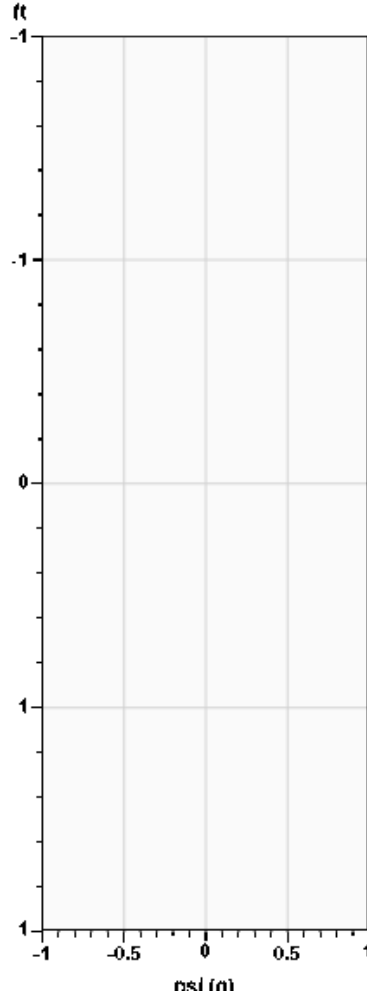
Acoustic Test

Static Shot
11/09/2019 01:18:22PM

LL: 2241 ft
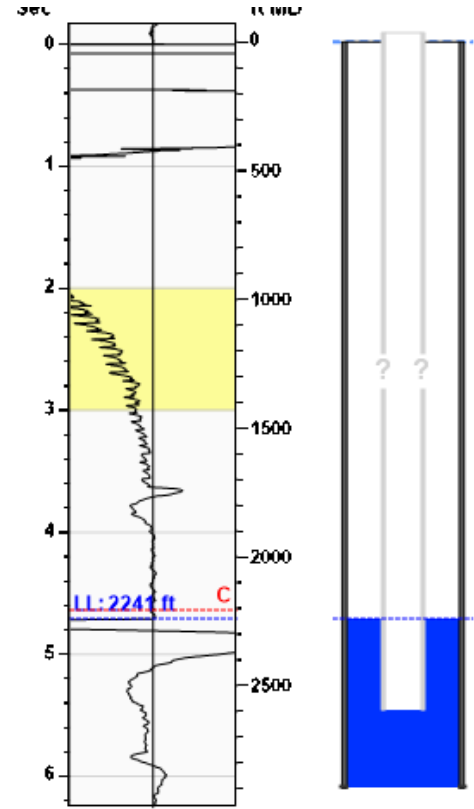
Casing Pressure Buildup

No Pressure Acquired

Casing Pressure	0.1 psi (g)
Buildup	0.0 psi (g)
Buildup Time	0 sec
Gas Gravity	

Casing Pressure

Pressure	0.1 psi (g)

Annular Gas Flow

Gas Flow	*.* Mscf/D

Conservation Division
District Office No. 2
3450 N. Rock Road
Building 600, Suite 601
Wichita, KS 67226

Kansas
Corporation Commission
AD ASTRA PER ASPERA

Phone: 316-337-7400
Fax: 316-630-4005
http://kcc.ks.gov/

Susan K. Duffy, Chair
Shari Feist Albrecht, Commissioner
Dwight D. Keen, Commissioner

Laura Kelly, Governor

June 03, 2020

Mindy Wooten
Trek AEC, LLC
200 West Douglas, Suite 101
WICHITA, KS 67202-3001

Re: Temporary Abandonment
    API 15-113-21346-00-00
    MASTRE TRUST 1-11
    SE/4 Sec.11-19S-02W
    McPherson County, Kansas

Dear Mindy Wooten:

"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 06/03/2021.

* 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 06/03/2021.

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

Very truly yours,

Jerry Sparling"