

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

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
CASING MECHANICAL INTEGRITY TEST**

Form U-7
August 2019

Disposal: Enhanced Recovery: KCC District No.: 2
Operator License No.: 5030 Name: LESS OIL CORP.
Address 1: 1700 N. WATERFRONT PKWY. BLDG. 500
Address 2: _____
City: WICHITA State: KS Zip: 67206 + 6619
Contact Person: SHANE SUMMERS Phone: (716) 682-1537

API No.: 15-015-23465-00-00 Permit No.: _____
NE 1/4 SE Sec. 21 Twp. 25 S. R. 5 East West
860 Feet from North / South Line of Section
1910 Feet from East / West Line of Section
Lease: CHESNEY A Well No.: 233
County: BUTLER

Well Construction Details: New well Existing well with changes to construction Existing well with no changes to construction

Maximum Authorized Injection Pressure: _____ psi Maximum Injection Rate: _____ bbl/d

	Conductor	Surface	Intermediate	Production	Liner	Tubing
Size:		<u>8.625</u>		<u>5.5</u>		
Set at:		<u>262</u>		<u>2415</u>		
Sacks of Cement:		<u>200</u>		<u>325</u>		
Cement Top:		<u>0</u>		<u>34</u>		
Cement Bottom:		<u>262</u>		<u>2415</u>		

Packer Type: _____ Set at: _____

DV Tool Port Collar Depth of: _____ feet with _____ sacks of cement TD (and plug back): _____ feet depth

Zone of Injection Formation: _____ Top Feet: _____ Bottom Feet: _____ Perf. or Open Hole: _____

Is there a Chemical Sealant or a Mechanical Casing patch in the annular space? Yes No

If Dual Completion - Injection Is: Above Production Below Production

FIELD DATA

GPS Location: Datum: NAD27 NAD83 WGS84 Lat: 37.85609 Long: 96.88384 Date Acquired: 8-18-2021

Type MIT: TA PURPOSE MIT Reason: TA

Time in Minute(s): 10 20 30 _____

Pressures: Set up 1 320 320 320 _____

Set up 2 _____

Set up 3 _____

Tested: Casing or Casing - Tubing Annulus System Pressure during test: 0 Bbls. to load annulus: 35

Test Date: 8-18-2021 Using: MAXIMIZE Company's Equipment _____

The zone tested for this well is between 0 feet and 2160 feet.

The test results were verified by operator's representative:

Name: [Signature] Title: Superintendent Phone: (978) 618-3416

KCC Office Use Only

The results were:

- Satisfactory
 Not Satisfactory

Next MIT: _____

State Agent: Neal Kemp Title: ECRS Witness: Yes No

Remarks: LOAD CASING - PSI UP WITH GEAR PUMP

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/>

Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Susan K. Duffy, Commissioner

Laura Kelly, Governor

August 27, 2021

Shane Summers
Vess Oil Corporation
1700 N WATERFRONT PKWY BLDG 500
WICHITA, KS 67206-6619

Re: Temporary Abandonment
API 15-015-23465-00-00
CHESNEY A 233
SE/4 Sec.21-25S-05E
Butler County, Kansas

Dear Shane Summers:

"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 08/27/2022.

- * 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 08/27/2022.

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

Very truly yours,

Neal Rupp ECRS"