KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

## TEMPORARY ABANDONMENT WELL APPLICATION

|                             |                        |                      |           | I                |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
|-----------------------------|------------------------|----------------------|-----------|------------------|---------------------|------------------------|--------------------------|--|---------------------------------|--|--|--|---------------|--|---------------|--|--|
| OPERATOR: License#          |                        |                      |           | API No. 15-      |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
| Name:                       |                        |                      |           |                  | ription:            |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
| Address 1:                  |                        |                      |           | Sec Twp S. R E W |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
|                             |                        |                      |           |                  |                     |                        |                          |  | Contact Person Email:           |  |  |  | Lease Name:   |  |               |  |  |
|                             |                        |                      |           |                  |                     |                        |                          |  | Field Contact Person:           |  |  |  |               |  |               |  |  |
|                             |                        |                      |           |                  |                     |                        |                          |  | Field Contact Person Phone: ( ) |  |  |  | SWD Permit #: |  |               |  |  |
|                             |                        |                      |           |                  |                     |                        |                          |  |                                 |  |  |  | Spud Date:    |  | Date Shut-in: |  |  |
|                             | Conductor              | Surface              | Pro       | oduction         | Intermediate        | Liner                  | Tubing                   |  |                                 |  |  |  |               |  |               |  |  |
| Size                        |                        |                      |           |                  |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
| Setting Depth               |                        |                      |           |                  |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
| Amount of Cement            |                        |                      |           |                  |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
| Top of Cement               |                        |                      |           |                  |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
| Bottom of Cement            |                        |                      |           |                  |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
| Casing Fluid Level from Su  | rface:                 | How De               | termined? |                  |                     |                        | Date:                    |  |                                 |  |  |  |               |  |               |  |  |
| Casing Squeeze(s):          |                        |                      |           |                  |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
| Do you have a valid Oil & G | Gas Lease? Yes         | No                   |           |                  |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
| Depth and Type:             | in Hole at             | Tools in Hole at     | Ca        | sing Leaks:      | Yes No Depth        | of casing leak(s):     |                          |  |                                 |  |  |  |               |  |               |  |  |
| Type Completion: ALT        |                        |                      |           |                  |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
| Packer Type:                |                        |                      |           |                  |                     | (depth)                |                          |  |                                 |  |  |  |               |  |               |  |  |
| Total Depth:                |                        |                      |           |                  |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
| Geological Date:            |                        |                      |           |                  |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
| Formation Name              | Formation              | Top Formation Base   |           |                  | Completion          | Information            |                          |  |                                 |  |  |  |               |  |               |  |  |
| 1                           | At:                    | to Feet              | Perfo     | ration Interval  | to Fee              | et or Open Hole Interv | /al toFeet               |  |                                 |  |  |  |               |  |               |  |  |
| 2                           | At:                    | to Feet              | Perfo     | ration Interval  | to Fee              | et or Open Hole Interv | /al toFeet               |  |                                 |  |  |  |               |  |               |  |  |
| INDED DENALTY OF DEL        | D IIIDV I LIEDEDV ATTE | COT TUAT TUE INCODMA | ATION CO  | NTAINED HEE      | DEIN ISTOLIE AND CO | DDEATTA THE DEST       | OE MV KNOW! EDGE         |  |                                 |  |  |  |               |  |               |  |  |
|                             |                        | Submitt              | ed Ele    | ctronicall       | у                   |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
| Do NOT Write in This        | Date Tested:           | R                    | esults:   |                  | Date Plugged:       | Date Repaired: Date    | ate Put Back in Service: |  |                                 |  |  |  |               |  |               |  |  |
| Space - KCC USE ONLY        |                        | _                    |           |                  |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
| Review Completed by:        |                        |                      | Comn      | nents:           |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
| TA Approved: Yes            | Denied Date:           |                      |           |                  |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |
|                             |                        |                      |           |                  |                     |                        |                          |  |                                 |  |  |  |               |  |               |  |  |

### Mail to the Appropriate KCC Conservation Office:

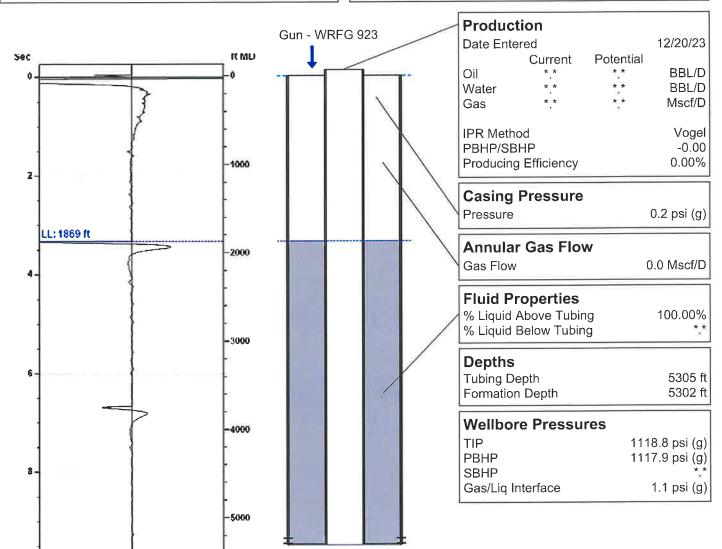
| there have been more than but and from manage made one there is not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
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| 100 100 100 100 100 100 100 100 100 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| The second of th | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Sime Street Street State State Street | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

# (((ECHOMETER)))

## Stimpert 1-7 12/20/2023 10:02:00AM

Liquid Level 1869 ft MD

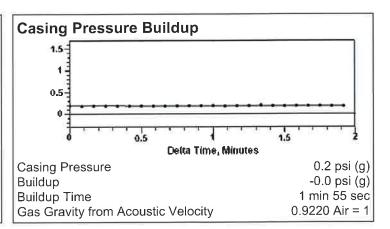
Fluid Above Tubing 3436 ft TVD Gas Free Above Tubing 3436 ft TVD



| Surface Temp                                             | 70 deg F       | 0.00% CO2                               |
|----------------------------------------------------------|----------------|-----------------------------------------|
| Bottomhole Temp                                          | 150 deg F      | 0.00% N2                                |
| Pressure                                                 | 0.2 psi (g)    | 0.00% H2S                               |
| Gas Gravity                                              | 0.9220 Air = 1 |                                         |
| Acoustic Velocity<br>Joints Per Sec.<br>Joints To Liquid |                | 1118 ft/s<br>17.64 Jts/sec<br>58.97 Jts |



**Acoustic Velocity** 



#### **Comments and Recommendations**

Echometer Company 5001 Ditto Lane Wichita Falls, TX 76302 (940) 767-4334 info@echometer.com Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

Laura Kelly, Governor

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Annie Kuether, Commissioner

#### 12/26/2023

M.L. Korphage Vincent Oil Corporation 200 W DOUGLAS AVE #725 WICHITA, KS 67202-3023

Re: Temporary Abandonment API 15-057-20720-00-00 STIMPERT 1-7 NE/4 Sec.07-29S-22W Ford 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 02/06/2024.

- \* 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 02/06/2024.

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

Very truly yours,

Michael Maier"