

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form must be Typed

Form must be signed

All blanks must be complete

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: _____

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84County: _____ 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: _____

Do you have a valid Oil & Gas Lease? ☐ Yes ☐ NoDepth and Type: ☐ Junk in Hole at _____ ☐ Tools in Hole at _____ Casing Leaks: ☐ Yes ☐ No Depth of casing leak(s): _____Type Completion: ☐ ALT. I ☐ ALT. II Depth of: ☐ DV Tool: _____ w / _____ sacks of cement ☐ Port Collar: _____ w / _____ sack of cement

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

CASING MECHANICAL INTEGRITY TEST	
Disposal ☐	Enhanced Recovery:
	Repressuring ☒
	Flood ☐
	Tertiary ☐
Date injection started _____	
API #15 - _____ - 015-23465-00-00	

DOCKET # _____

NE	SW	SE	Sec	21	T	25	S	R	5	E
860			Feet from South Section Line							
1910			Feet from East Section Line							
Lease CHESNEY A						Well # 233				
County BUTLER										

Operator: VESS OIL CORPORATION	Operator License # ###5030
Name & Address 1700 N WATERFRONT PKWY BLDG 500	Contact Person SAHNE SUMMERS
WICHITA KS, 67206 - 6619	Phone 316-682-1537

Max. Auth. Injection Press. _____ psi ;	Max. Inj. Rate _____ bbl/d;
If Dual Completion - Injection above production	Injection below production
Conductor	Surface
Size _____	8 5/8
Set at _____	262
Cement Top _____	0
" Bottom _____	200
DV/Perf. _____	TD (and plug back) _____
Packer type CIBP	Size 5.5
Zone of injection _____	ft. to ft. _____
	ft. depth _____
	Set at 2160 / 2 SK CEMENT
	Perf. or Open hole _____

Type MIT: Pressure ☒	Radioactive Tracer Survey ☐	Temperature Survey ☐
Time: Start 10	Min. 20	Min. 30
Pressures: 320	320	320
	Set up 1	System Pres. during test
	Set up 2	Annular Pres. during test
	Set up 3	Fluid loss during test _____ bbls

Tested: Casing ☒	or Casing - Tubing Annulus ☐
The bottom of the tested zone is shut in with CIBP 25X CEMENT	
Test Date 8-14-25	Using MAXIDIE Company's Equipment
The operator hereby certifies that the zone between 0 feet and 2160 feet	
was the zone tested <i>[Signature]</i>	<i>[Signature]</i>
Signature	Title

The results were Satisfactory ☒	Marginal _____	Not Satisfactory _____
State Agent NEAL RUPP	Title ECRS	Witness: Yes ☒ No _____
Remarks: _____		

CASING MECHANICAL INTEGRITY TEST	
Disposal ☐	Enhanced Recovery:
	Repressuring ☒
	Flood ☐
	Tertiary ☐
Date injection started _____	
API #15 - _____ - 015-23465-00-00	

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WICHITA KS, 67206 - 6619	Phone 316-682-1537

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State Agent NEAL RUPP	Title ECRS	Witness: Yes ☒ No _____
Remarks: _____		

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



Phone: 316-337-7400
<http://kcc.ks.gov/>

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

Laura Kelly, Governor

08/26/2025

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 08/26/2026.

- * 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 08/26/2026.

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

Very truly yours,

NEAL RUPP ECRS"