

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**

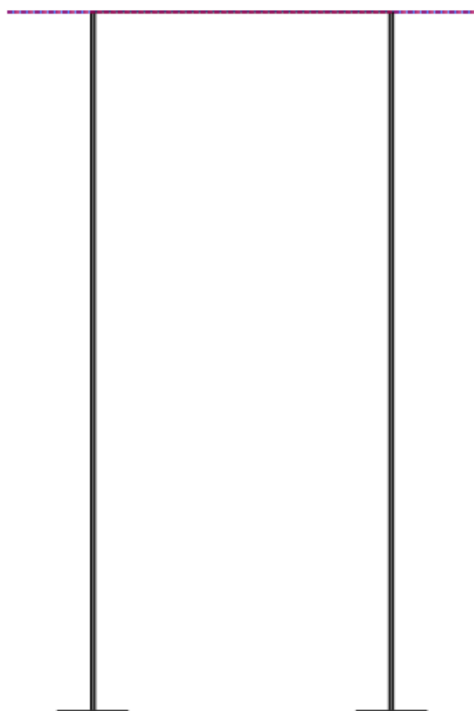
Date Tested: _____ Results: _____ Date Plugged: _____ Date Repaired: _____ Date Put Back in Service: _____

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

**Producing Shot
Manual Input**



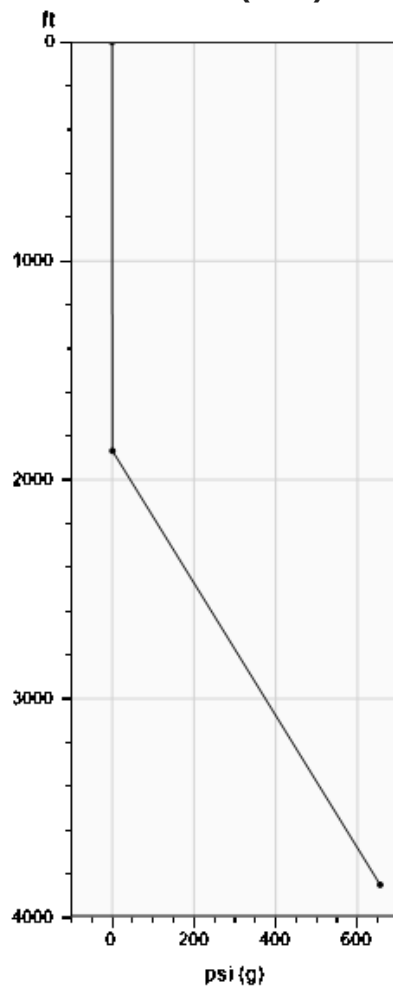
Manually Entered Production

Liquid Level 0 ft
Percent Liquid 100.00%

**Static Bottomhole Pressure
655.7 psi (g) @ 3850 ft TVD**

Static Liquid Level 1867 ft MD
Oil Column Height 1983 ft MD
Water Column Height 0 ft MD

Pressure Profile (TVD)

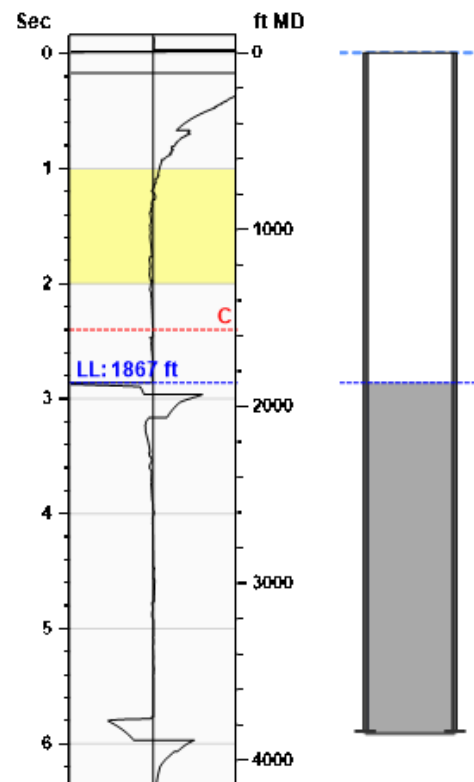


Well Test

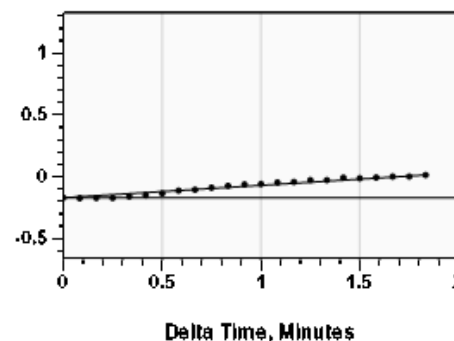
Oil 0 BBL/D
Water 0 BBL/D

**Comments and
Recommendations**

**Static Shot
01/07/2026 08:11:32AM**



Casing Pressure Buildup



Casing Pressure -0.2 psi (g)
Buildup 0.2 psi (g)
Buildup Time 1 min 50 sec
Gas Gravity 0.6908 Air = 1

Casing Pressure

Pressure -0.2 psi (g)

Annular Gas Flow

Gas Flow 2.4 Mscf/D

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

T/A # 4,740

Form U-7
August 2019

FILE COPY

Disposal: ☐ Enhanced Recovery: ☐ KGC District No.: 04
Operator License No.: 5798 Name: Werkert Oil Co
Address 1: 866 2304th Ave
Address 2: _____
City: 1445 State: KS Zip: 67604
Contact Person: Mike Werkert Phone: () _____
785-650-5450

API No.: 15-057-03027-001 Permit No.: TA
SW NW SW Sec. 5 Twp. 14 S. R. 19 ☐ East ☒ West
1650 Feet from _____ rth / ☒ South Line of Section
4950 Feet from ☒ East _____ st Line of Section
Lease: Road Well No.: 1
County: Ellis

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 5/8</u>	_____	<u>5 1/2</u>	_____	<u>3 1/8</u>
Set at: _____	<u>1521</u>	_____	<u>3843</u>	_____	<u>3202</u>
Sacks of Cement: _____	<u>500</u>	_____	<u>125</u>	_____	<u>work string</u>
Cement Top: _____	<u>0</u>	_____	<u>3540</u>	_____	_____
Cement Bottom: _____	<u>1521</u>	_____	<u>3843</u>	_____	_____
Packer Type: <u>Tension</u>	_____	_____	_____	_____	Set at: <u>3202</u>
☐ DV Tool ☐ Port Collar	Depth of: _____ feet with _____ sacks of cement	TD (and plug back): <u>3850</u>	<u>3770</u>	_____	_____
Zone of Injection Formation: <u>ARB</u>	Top Feet: <u>3844</u>	Bottom Feet: <u>3850</u>	_____	_____	_____
Is there a Chemical Sealant or a Mechanical Casing patch in the annular space? ☐ Yes ☒ No	Top ARB - 3208				
Is Dual Completion - Injection is: ☐ Above Production ☐ Below Production	_____				

FIELD DATA

GPS Location: Datum: ☐ NAD27 ☐ NAD83 ☒ WGS84 Lat: 38.86072 Long: 099.46500 Date Acquired: 12-14-2022
Type MIT: Tested CS6 MIT Reason: TA Purposes
Time in Minute(s): 0 15 30
Pressures: Set up 1 300 300 300
Set up 2 _____
Set up 3 _____
Tested: ☒ Casing ☐ or Casing - Tubing Annulus System Pressure during test: _____
Test Date: 12-14-2022 Using: Abel Tank Service Bbls. to load annulus: KCC
The zone tested for this well is between _____ feet and 3202 feet.
The test results were verified by operator's representative:
Name: Michael Driskell Title: Operator Phone: () _____

KGC Office Use Only

The results were:

☒ Satisfactory
☐ Not Satisfactory

Next MIT: _____

State Agent: Paula Land

Title: ELRS

Remarks: Perf'd Topoka 3208
3508-73 3534-61 3723-41
MIT for TA Purposes 3664-70
Smoky Hills Rig Service

Witness: ☒ Yes ☐ No

DEC 14 2022

HAYS, KS

KCC

DEC 14 2022

HAYS, KS

Conservation Division
District Office No. 4
2301 E. 13th Street
Hays, KS 67601-2651



Phone: 785-261-6250
<http://kcc.ks.gov/>

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

Laura Kelly, Governor

01/08/2026

Monte Boydston
Trans Pacific Oil Corporation
100 S MAIN ST STE 200
WICHITA, KS 67202-3735

Re: Temporary Abandonment
API 15-051-03027-00-01
RIEDEL 1
SW/4 Sec.05-14S-19W
Ellis County, Kansas

Dear Monte Boydston:

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 02/07/2026.

Your exception application expires on 02/07/2026.

- * 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 02/07/2026.

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

Very truly yours,

SHANE JONES