

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

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 API No.: 15-025-24786 Permit No.: -
 Operator License No. 5810 Name: BRUCE OIL CO., LLC NE-SW-NE-W Sec. 4 Twp 32 S. R. 2 East West
 Address 1: 1704 LIMESTONE RD. 710 Feet from North / South Line of Section
 Address 2: _____ 1750 Feet from East / West Line of Section
 City: McPherson State: KS Zip: 67460 + 6500 Lease: WILSON A Well No.: 9
 Contact Person: LEVI KOEHN Phone: (620) 241-2538 County: COWLEY

Well Construction Details: New well Existing well with changes to construction Existing well with no changes to construction
 Maximum Authorized Injection Pressure: NA psi Maximum Injection Rate: NA bbl/d

	Conductor	Surface	Intermediate	Production	Liner	Tubing
Size:	<u>NA</u>	<u>9.625</u>	<u>NA</u>	<u>7</u>	<u>NA</u>	<u>NA</u>
Set at:		<u>206</u>		<u>2192</u>		
Sacks of Cement:		<u>160</u>		<u>210</u>		
Cement Top:		<u>0</u>		<u>1700</u>		
Cement Bottom:		<u>360</u>		<u>2192</u>		
Packer Type:						Set at: _____

DV Tool Port Collar Depth of: _____ feet with _____ sacks of cement TD (and plug back): 2192 - PB 2900 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: 37.30130 Long: 97.10892 Date Acquired: 1-21-2026
 Type MIT: _____ MIT Reason: TA
 Time in Minute(s): 10 20 30 _____
 Pressures: Set up 1 325 325 325 _____
 Set up 2 _____
 Set up 3 _____
 Tested: Casing or Casing - Tubing Annulus System Pressure during test: 325 Bbls. to load annulus: 25
 Test Date: 1-21-2026 Using: FLUID Company's Equipment _____
 The zone tested for this well is between 0 feet and 2900 feet.
 The test results were verified by operator's representative:
 Name: X Lew Koehn Title: _____ Phone: (____) _____

KCC Office Use Only

The results were:
 Satisfactory
 Not Satisfactory
 Next MIT: 1-21-29

State Agent: NEAL Rupp Title: EGRS Witness: Yes No

Remarks: LOADED 2" WITH 25 BBL TREATED WATER
PRESSURED w/ FLUID

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

01/30/2026

Levi Koehn
Bruce Oil Company, L.L.C.
1704 LIMESTONE RD
MCPHERSON, KS 67460-6500

Re: Temporary Abandonment
API 15-035-24786-00-00
WILSON A 9
NW/4 Sec.04-32S-03E
Cowley County, Kansas

Dear Levi Koehn:

"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 01/30/2027.

- * 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 01/30/2027.

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

Very truly yours,

NEAL RUPP ECRS"