

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

CASING MECHANICAL INTEGRITY TEST

DOCKET # oil well

Disposal Well Enhanced Recovery:
 TA for Oil Well Repressuring
 Flood
 Tertiary
 Date injection started _____
 API #15- 063-21678

SW NE NW, Sec 31, T 15 S, R 26 E (W)
4436 Feet from South Section Line
3836 Feet from East Section Line
 Lease Curtis "B" Well # 1-31
 County Gove

Operator: Mull Drilling Company, Inc
 Name & Address 1700 N Waterfront PKWY
BLDG 1200
Wichita, KS 67206

Operator License # 5144
 Contact Person Kyle Randa
 Phone 785-798-0591

Max. Auth. Injection Press. _____ Psi; Max Inj. Rate _____ bbl/d;
~~If Dual Completion~~ Injection above production _____ Injection below production _____

Size	Conductor	Surface	Production	Liner	Size	Tubing
Set at		<u>8-5/8</u>	<u>5-1/2</u>	<u>N/A</u>		<u>N/A</u>
Cement Top		<u>219 w/1609XS</u>	<u>4530 w/2009XS</u>		Set at	
" Bottom		<u>80</u>	<u>3280</u>		Type	
DV/Perf	<u>PC @ 1980' w/213 SXS</u>	<u>219</u>	<u>4530</u>			
Packer type	<u>CI BP</u>				Set at	<u>4375'</u>
Zone of Injection	<u>4411</u>	ft. to ft. <u>4431</u>			Perf. or open hole	

Type MIT: Pressure: Radioactive Tracer Survey: Temperature Survey:

F Time: Start 0 Min. 15 Min. 30 Min.
 I E Pressures: 350 350 360 Set up 1 | System Pres. during test _____
 L D _____ Set up 2 | Annular Pres. during test _____
 D A _____ Set up 3 | Fluid loss during test _____ bbls.

T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone in shut in with CI BP

Test Date 4/20/26 Using _____ Company's Equipment

The operator hereby certifies that the zone between 0 feet and 4375 feet
 was the zone tested _____

Signature _____ Title _____

The results were Satisfactory , Marginal _____, Not Satisfactory _____
 State Agent: Jake Eastes Title: ECRS Witness: YES NO _____
 REMARKS: _____

Oorigin. Conservation Div.: KDHE/T: Dist. Office
 Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N) N
 GPS Lat 38.71055 GPS Long -100.25948 (If YES please describe in REMARKS)
 KCC Form U-7

05/05/2026

Bryan Neuhaus
Mull Drilling Company, Inc.
1700 N WATERFRONT PKWY BLDG 1200
WICHITA, KS 67206-6637

Re: Temporary Abandonment
API 15-063-21678-00-01
CURTIS "B" 1-31
NW/4 Sec.31-15S-26W
Gove County, Kansas

Dear Bryan Neuhaus:

"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 05/05/2027.

- * 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 05/05/2027.

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

Very truly yours,

SHANE JONES"