

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# 34969

Name: MDopps, LLC

Address 1: 555 N. MCLEAN

Address 2: _____

City: WICHITA State: KS Zip: 67203 + 5815

Contact Person: April Dopps

Phone: (316) 213-3924

Contact Person Email: april_timmons@yahoo.com

Field Contact Person: Henry Leake

Field Contact Person Phone: (620) 741-1717

API No. 15- 15-035-30291-00-00

Spot Description: SW SE SE

SW SE SE Sec. 19 Twp. 34 S. R. 3 ☒ E ☐ W

330 feet from ☐ N / ☒ S Line of Section

990 feet from ☒ E / ☐ W Line of Section

GPS Location: Lat: _____, Long: _____

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Cowley Elevation: 1158 ☐ GL ☒ KB

Lease Name: MUSSON Well #: 1

Well Type: (check one) ☒ Oil ☐ Gas ☐ OG ☐ WSW ☐ Other: _____

☐ SWD Permit #: _____ ☐ ENHR Permit #: _____

☐ Gas Storage Permit #: _____

Spud Date: 09/12/1966 Date Shut-In: 05/15/2023

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	NA	8.58	5.5	NA	NA	NA
Setting Depth		140	3833			
Amount of Cement		100	125			
Top of Cement		NA	NA			
Bottom of Cement		140	3833			

Casing Fluid Level from Surface: 13 How Determined? JOINTS ECHO Date: 06/08/2026

Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____

Do you have a valid Oil & Gas Lease? ☒ Yes ☐ No

Depth and Type: ☐ Junk in Hole at _____ (depth) ☐ Tools in Hole at _____ (depth) 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: 3834 Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Formation Name SIMPSON Formation Top 3767 Formation Base 3800 Completion Information 3795 48

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: NEAL RUPP ECRS Comments: APPROVED FOR 1 YEAR

TA Approved: ☒ Yes ☐ Denied Date: 07/06/2026

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

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

07/06/2026

April Dopps
MDopps, LLC
555 N. MCLEAN
WICHITA, KS 67203-5815

Re: Temporary Abandonment
API 15-035-30291-00-00
MUSSON 1
SE/4 Sec.19-34S-03E
Cowley County, Kansas

Dear April Dopps:

"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 07/06/2027.

- * 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 07/06/2027.

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

Very truly yours,

NEAL RUPP ECRS"