



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: _____
 County: _____ (e.g. xx.xxxxx) _____ (e.g. -xxx.xxxxx)
 Lease Name: _____ Well #: _____
 Elevation: _____ GL KB
 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: _____ 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 _____ (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
 (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

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 <input type="checkbox"/> Denied <input type="checkbox"/>		

Mail to the Appropriate KCC Conservation Office:

	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
	KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.630.4000
	KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720	Phone 620.432.2300
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550
	Underground Porosity Gas Storage (UPGS) 8200 E. 34th Street Circle N., Suite 1003, Wichita, KS 67226	Phone 316.734.4933

CASING MECHANICAL INTEGRITY TEST

DOCKET # E-27,329

Disposal Well Enhanced Recovery:
 Repressuring
 Flood
 Tertiary

SW SW NW, Sec 24, T 9, S, R 26 E(W)
2900 Feet from South Section Line
4950 Feet from East Section Line

Date injection started _____
 API #15-179-21019-00-01

Lease Epler, B Well # 1
 County Sheldon

Operator: Oil Producers Assn. of Kansas Operator License # 8061
 Name & Address 1710 Waterfront Parkway Contact Person John Weir
Wichita Kansas 67206-6603 Phone 316-681-0231

KCC
 APR 06 2010
HAYS, KS

Max. Auth. Injection Press. 1500 Psi; Max Inj. Rate 500 bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Size		<u>8 5/8</u>	<u>5 1/2</u>	<u>4 1/2</u>		<u>None</u>
Set at		<u>260</u>	<u>4170</u>	<u>#50</u>		<u>m</u>
Cement Top		<u>W/180sx</u>	<u>W/100sx</u>			<u>hole</u>
" Bottom		<u>260</u>	<u>4170</u>			

DV/Perf. 22.76 to surface w/305sx TD (and plug back) 4170 4126 CTBP 3967 ft. depth
 Packer type CTBP Size _____ Set at _____
 Zone of injection 4085 ft. to ft. 4090 Perf. or open hole Perf

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

F Time: Start 0 Min. 10 Min. 20 Min.
 I Pressures: 320 320 320 Set up 1 System Pres. during test - 0 -
 L 30 min Set up 2 Annular Pres. during test _____
 D 320 Set up 3 Fluid loss during test - 0 - bbls.

T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone in shut in with CTBP

Test Date 3-26-2010 Using Hotie Tank Company's Equipment

The operator hereby certifies that the zone between 0 feet and 3967 feet

was the zone tested TJ. [Signature] VICE PRESIDENT
 Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent: Darrel Hipman Title: PIRT II Witness: YES NO _____

REMARKS: Casing full. Fluid pressure. retest 3 years

Origin. Conservation Div.: KCC KDHE/T: Dist. Office

Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)

GPS Lat 39.25593 GPS Long -100.18095

(If YES please describe in REMARKS)