



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: _____
(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 620.225.8888
	KCC District Office #2 / UPGS - 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

CASING MECHANICAL INTEGRITY TEST

DOCKET # E-07604.6

Disposal Well Enhanced Recovery:
Repressuring
Flood
Tertiary

SW SW SW, Sec 9, T 15 S, R 13 NW
GPS
312 330 Feet from South Section Line
4883' 4950' Feet from East Section Line

Date injection started _____
API # 15-167-05468-00-01

Lease ROESNER Well # 12
County RUSSELL

Operator: T-N-T-ENGINEERING
Name &
Address 3711 Maplewood, Ste. 201
Wichita, Fall, TX 76308

Operator License # 33699
Contact Person DALTON POPP
Phone 785-620-7864

KCC
MAY 11 2010
444AYS, KS

Max. Auth. Injection Press. _____ Psi; Max Inj. Rate _____ bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____
Conductor _____ Surface 8 7/8" Production _____ Liner _____ Tubing _____
Size _____ Set at 598' _____ 3199' _____ Size _____
Cement Top _____ _____ W/3005K _____ Set at _____
" Bottom _____ _____ _____ Type _____
DV/Perf. _____ TD (and plug back) _____ ft. depth
Packer type _____ Size _____ Set at _____
Zone of injection 3056 ft. to ft. 353 Perf. Or open hole PERFS

Type MIT: Pressure: 02 Radioactive Tracer Survey: Temperature Survey:

F Time: Start 0 Min. 15 Min. 30 Min.
I
E Pressures: 340 340 340 Set up 1 System Pres. during test _____
L _____ Set up 2 Annular Pres. during test _____
D _____ Set up 3 Fluid loss during test _____ bbls.
D
A
T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone in shut in with A Plug (3015')
Test Date 05/05/2010 Using EVAN'S TANK SERVICES Company's Equipment

The operator hereby certifies that the zone between 0' feet and _____ feet
Was the zone tested [Signature] Signature Agent Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____
State Agent: Ray A. Dinko Title: PIRT II Witness: YES NO _____

PASSED

REMARKS: _____

KCC Origin. Conservation Div.: KDHE/T: 4 Dist. Office

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

GPS Lat 38.75584 GPS Long -098.77989 (If YES please describe in REMARKS)
KCC Form U-7



Mark Parkinson, Governor
Thomas E. Wright, Chairman
Joseph F. Harkins, Commissioner
Ward Loyd, Commissioner

May 20, 2010

JAMIE WILKINSON
T-N-T Engineering, Inc.
3711 MAPLEWOOD STE 201
WICHITA FALLS, TX 76308-2101

Re: Temporary Abandonment
API 15-167-05468-00-01
ROESNER 12
SW/4 Sec.09-15S-13W
Russell County, Kansas

Dear JAMIE WILKINSON:

Your application for Temporary Abandonment (TA) of the above-listed well is denied for the following reasons(s):

OVR10 - Shut in over 10 years

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by June 24, 2010.

You may file an application for an exception to the 10-year limitation in K.A.R. 82-3-111 to demonstrate why it is necessary to TA the above well for more than ten (10) years. Your application for an exception is due by June 19, 2010. All applications must be sent to the Kansas Corporation Commission Conservation Division at 130 South Market, Room 2078, Wichita, Kansas 67202.

Very Truly Yours,
Richard Williams