



## 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: \_\_\_\_\_ (e.g. xx.xxxxx), Long: \_\_\_\_\_ (e.g. -xxx.xxxxx)

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Elevation: \_\_\_\_\_ ☐ GL ☐ KBWell 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 ☐ NoDepth 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 ☐ Denied ☐

## 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 |