



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

38.36895°N
-097.50827°W

DOCKET # E-03476

CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

Repressuring
Flood
Tertiary

Date injection started _____
API #15 - 113 - 90294-000

NW NW SE, Sec 26, T 19 S, R 2 E (W)

2320 Feet from South Section Line
2306 Feet from East Section Line

Lease Unruh Well # 3
County McPherson

Operator: American Energies Corp. Operator License # 5399

Name & Address 155 N. Market, Ste 710
Wichita, Ks. 67202
Contact Person Jake Seagull
Phone 316-263-5785

Max. Auth. Injection Press. VAC psi; Max. Inj. Rate 1000 bbl/d;

If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Size		<u>12 1/2"</u>	<u>6 5/8"</u>			<u>2 3/8"</u>
Set at		<u>119'</u>	<u>3350'</u>			Set at <u>2900'</u>
Cement Top		<u>99'</u>	<u>2600'</u>			Type <u>Fiber glass</u>
" Bottom		<u>179'</u>	<u>3350'</u>			
DV/Perf.						<u>3419'</u> ft. depth
Packer type	<u>Fluid</u>					Set at _____
Zone of injection	<u>Viola</u>					Perf. or <u>(open hole)</u> <u>OH</u>

TD (and plug back) _____

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

Shut in: 9:40 Min. 9:55 Min. 10:10 Min. _____

	Working	Shut in	Set up 1	Set up 2	Set up 3
Pressures: <u>Monitoring System</u>			System Pres. during test _____	Annular Pres. during test <u>8.8-18.</u>	Fluid loss during test <u>0</u> bbls.
<u>Working</u>	<u>10</u>	<u>15</u>	<u>18.5</u>		
<u>Shut in</u>	<u>8.8</u>	<u>8.8</u>	<u>8.8</u>		

Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with Fluid

Test Date 7-3-08 Using Company tools Company's Equipment

The operator hereby certifies that the zone between 0 feet and 2900 feet

was the zone tested Michael [Signature] Signature Production Manager Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Virgil Clothier Title PART II witness: Yes No _____

REMARKS: Gravity flowed fluid from nearby tank.

Origin. Conservation Div.; KDHE/T; Dist. Office;

Computer Update 1/5K