



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

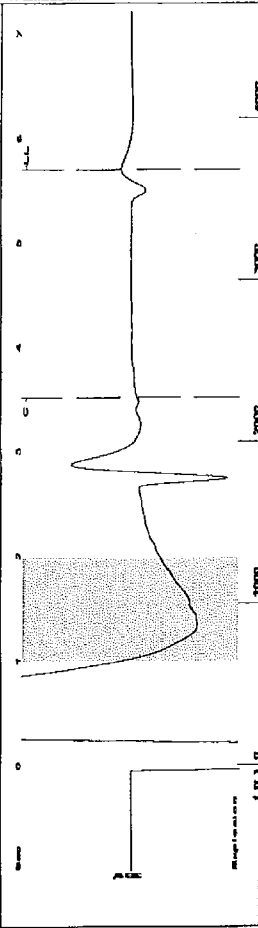
Submitted Electronically

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"/>		

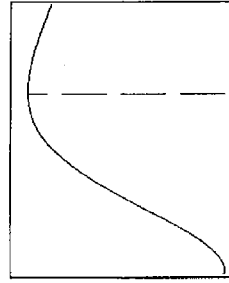
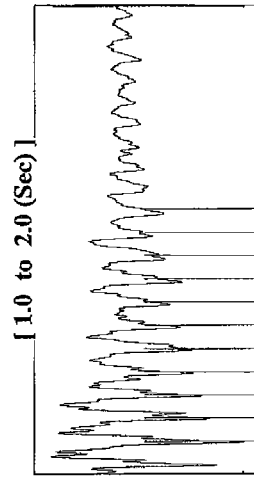
Mail to the Appropriate KCC Conservation Office:

	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

Group: MyWells Well: Lemert 2-4 (acquired on: 12/06/11 10:59:28)



1.1 to 2.0 (Sec)

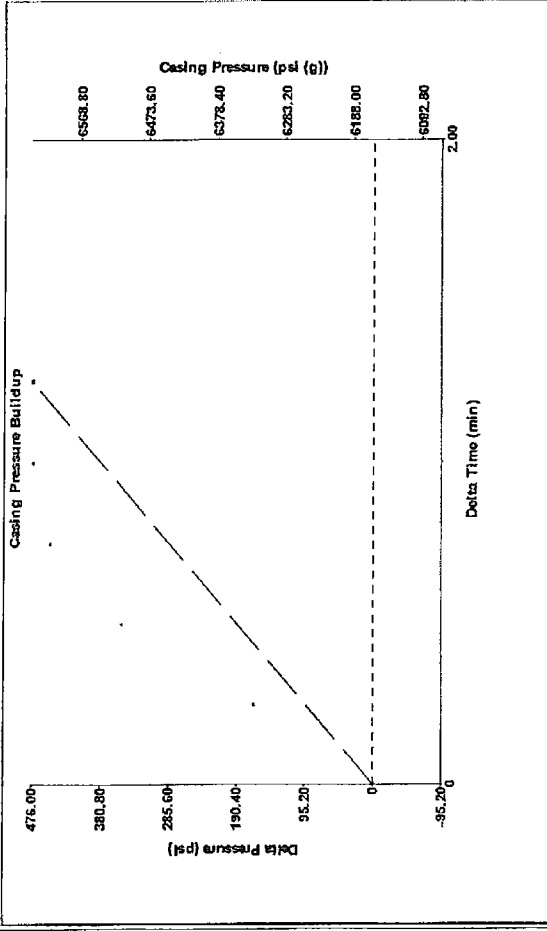


Analysis Method: Automatic

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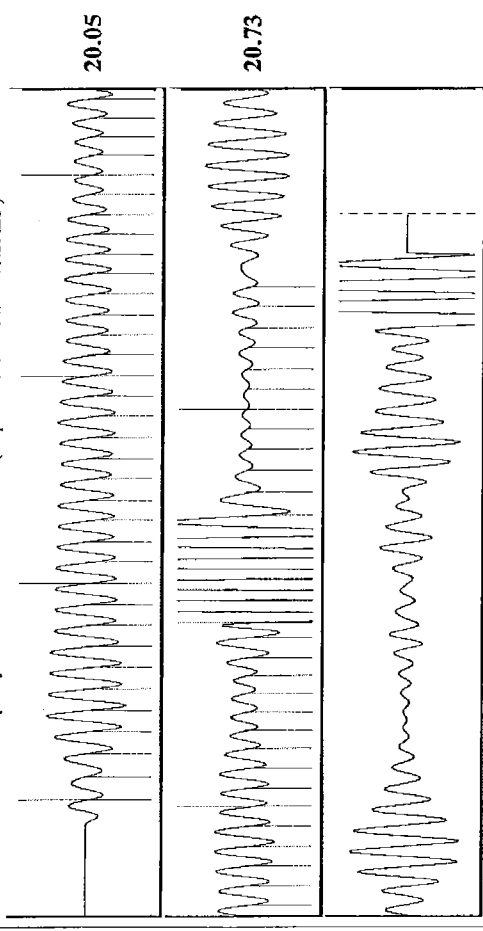
Production	Potential	Casing Pressure	6160.6 psi (g)
Oil	BBL/D	Casing Pressure Buildup	475.5 psi
Water	BBL/D	Change in Pressure	475.49 psi
Gas	Mscf/D	Change in Time	1.25 min
IPR Method	Vogel	Gas/Liquid Interface Pressure	0.0
PBHP/SBHP	0.0	Liquid Level Depth	3679.43 ft
Production Efficiency	0.0	Pump Intake Depth	6120.00 ft
Oil	40 deg-API	Formation Depth	6044.00 ft
Water	1.05 Sp.Gr.H2O		
Gas	0.70 Sp.Gr.AIR		
Acoustic Velocity	1291.48 ft/s		
Formation Submergence			
Total Gaseous Liquid Column HT (TVD)	-*- ft		
Equivalent Gas Free Liquid HT (TVD)	-*- ft		
Acoustic Test			
Producing	Annular Gas Flow	% Liquid	100 %
Pump Intake	-*- psi (g)		
Producing BHP	-*- psi (g)		
Static BHP	-*- psi (g)		

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Change in Pressure 475.49 psi
 Change in Time 1.25 min
 PT 61.47 Range

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Acoustic Velocity 1291.48 ft/s
 Joints Per Second 20.3704 jts/sec
 Depth to liquid level 3679.43 ft
 Automatic Collar Count Yes

Joints counted 66
 Joints to liquid level 116.07
 Filter Width 18.1613
 Time to 1st Collar 0.28