



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

Disposal Enhanced Recovery: Repressuring
 Flood
 Tertiary

Date injection started _____
 API #15 -151 -1D241-00D1

DOCKET # 4-8202

Wm New Wm. Sec 18, T 27S, R 12 W

4950 (4923) Feet from South Section Line
4950 (4785) Feet from East Section Line

Lease SFCU (Bmin 2) Well # 5
 County Pratt

Operator: Duka-Farm Development LLC Operator License # 31739
 Name & Address PO Box 847
Pratt, KS. Contact Person Kenny Leates
 Phone 620-672-2531

Max. Auth. Injection Press. 500 psi; Max. Inj. Rate 1000 bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____
 Conductor _____ Production _____ Tubing _____
 Size _____ Surface " 5 1/2 ' _____ Size _____
 Set at _____ 4306 ' _____ Set at _____
 Cement Top _____ 3200 est. _____ Type _____
 " Bottom _____ 4306 _____
 DV/Perf. _____
 Packer type CRBP ID (and plug back) 4306 (4306) ft. depth
 Zone of injection Simpson ft. to ft. 4269-92 Perf. or open hole parts Set at 12-0 4220

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.
 I Pressures: 160 # 160 # Set up 1 _____ System Pres. during test 0
 E _____ Set up 2 _____ Annular Pres. during test 160 #
 L _____ Set up 3 _____ Fluid loss during test 0 bbls.
 D

A Tested: Casing or Casing - Tubing Annulus
 T the bottom of the tested zone is shut in with CRBP 4220 Company's Equipment
 A Test Date 10/19/11 Using Pratt Well Service
 The operator hereby certifies that the zone between 0 feet and 4220 feet
 was the zone tested _____ Signature _____ Title _____

The results were Satisfactory X, Marginal _____, Not Satisfactory _____
 State Agent Stephan J. Gephart Title PRT III Witness: Yes X No _____
 REMARKS: 5 gr test: 4-1st well.

Origin. Conservation Div.; KHE/T; Dist. Office;
 Computer Update
37.702916° N
98.68085° W

Conservation Division
District Office No. 1
210 E. Frontview, Suite A
Dodge City, KS 67801



Phone: 620-225-8888
Fax: 620-225-8885
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

December 13, 2011

Kenneth C. Gates
Iuka-Carmi Development LLC
PO BOX 847
PRATT, KS 67124-0847

Re: Temporary Abandonment
API 15-151-10241-00-01
SICU 5
NW/4 Sec.18-27S-12W
Pratt County, Kansas

Dear Kenneth C. Gates:

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 January 12, 2012.

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 (10) years. You must notify the Commission in writing no later than January 12, 2012 of your intention to file the application, and your complete application is due February 11, 2012. All applications and written notifications must be sent to the attention of the Executive Director at the Kansas Corporation Commission Conservation Division at 130 South Market, Room 2078, Wichita, Kansas 67202.

You may contact me at the number above if you have any questions.

Sincerely,

Steve Pfeifer