



# 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

<b>Do NOT Write in This Space - KCC USE ONLY</b>	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

38.3495° N  
-098.35043° W  
272' FEL

DOCKET # D-24369

CASING MECHANICAL INTEGRITY TEST

Disposal  Enhanced Recovery: NE SE SE SE, Sec 31, T 19 S, R 9 E (N)

Repressuring   
Flood   
Tertiary

Date injection started \_\_\_\_\_  
API #15 - 159 - 22092 - 0000

660 Feet from South Section Line  
330 Feet from East Section Line

Lease Chase Project Well # 2  
County RC

Operator: Bear Petroleum, LLC. Operator License # 4419  
Name & Address P.O. Box 438 Contact Person Joe Burdett  
Haysville, Ms. 67060 Phone 620-960-5612

Max. Auth. Injection Press. \_\_\_\_\_ psi; Max. Inj. Rate \_\_\_\_\_ bbl/d;  
If Dual Completion - Injection above production \_\_\_\_\_ Injection below production \_\_\_\_\_

Size	Conductor	Surface	Production	Liner	Size	Tubing
Set at _____	_____	<u>10 3/4"</u>	<u>7"</u>	_____	Set at <u>3300'</u>	<u>4 1/2"</u>
Cement Top _____	_____	<u>271'</u>	<u>3350'</u>	_____	Type <u>plastic-lined</u>	
" Bottom _____	_____	<u>0</u>	<u>3350'</u>	_____		
TD/Perf. _____	_____	<u>271'</u>	_____	_____		
Packer type <u>Baker AD-1</u>	_____	_____	_____	_____	TD (and plug back) _____	ft. depth _____
Zone of injection <u>Arb.</u>	_____	_____	_____	_____	Size <u>7" x 4 1/2"</u>	Set at <u>3300'</u>
					Perf. or <u>open hole</u>	<u>OH</u>

Type Mit: Pressure  Radioactive Tracer Survey  Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.  
I Pressures: 260 250 250 Set up 1 System Pres. during test \_\_\_\_\_  
E Set up 2 Annular Pres. during test 250-260  
L Set up 3 Fluid loss during test 0 bbls.  
D  
A  
T Tested: Casing  or Casing - Tubing Annulus

The bottom of the tested zone is shut in with Packer

Test Date 11-2-11 Using Bear Petroleum Company's Equipment

The operator hereby certifies that the zone between 0 feet and 3300 feet

was the zone tested Joe Burdett Signature Title

The results were Satisfactory , Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_

State Agent Virgil Clotier Title PIRT II Witness: Yes  No \_\_\_\_\_

REMARKS: 3 year re-test

Origin. Conservation Div.;  KDEE/T;  Dist. Office;  
 Computer Update