



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

CASING MECHANICAL INTEGRITY TEST

DOCKET # D-21371

Disposal Enhanced Recovery:

Repressuring
 Flood
 Tertiary

Date injection started _____
 API #15 -189 -22243

App SESESESW Sec 20, T 34S, R 35 X/W

140 Feet from South Section Line
2725 Feet from East Section Line

Lease Stalcup A Well # 3D
 County Stevens

Operator: Oxy USA, Inc
 Name &
 Address P.O. Box 21570

Operator License # 5447
 Contact Person _____

Houston, Tx 77227 Phone 620 624-3569

Max. Auth. Injection Press. 0 psi; Max. Inj. Rate 200 bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Tubing
Size		<u>5 1/2</u>	<u>2 7/8</u>		Size <u>None</u>
Set at		<u>763</u>	<u>1230</u>		Set at <u>2 7/8 cmt d in</u>
Cement Top		<u>0</u>	<u>0</u>		Type _____
" Bottom		<u>763</u>	<u>1230</u>		
DV/Perf.					TD (and plug back) _____ ft. depth
Packer type	<u>None</u>				Set at _____
Zone of injection	<u>Glorietta</u> ft. to ft. <u>1230-1343</u>		Perf. or open hole <u>Open Hole</u>		

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.
 I
 E Pressures: 401 401 401 Set up 1 System Pres. during test 401
 L Set up 2 Annular Pres. during test 0
 D 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 Glorietta Sand fill up

Test Date 10/10/07 Using Oxy-Nitrogen bottles Company's Equipment

The operator hereby certifies that the zone between 0 feet and 1230 feet

was the zone tested
 Signature John Slotta Title EMV Tech

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Ken Jehlik Title PIRT II Witness: Yes No _____

REMARKS: Used fluid depression method. Fill up over parts would not allow fluid to depress. Initial fluid level was 353'

Origin. Conservation Div.; KHE/T; Final Fluid level with 400# on Dist. Office; 2 7/8 was 353'

Computer Update Well is not being used for disposal. Has a current TA. KPC FORM U-7 6/84

COPY