



# 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)  
 County: \_\_\_\_\_  
 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 \_\_\_\_\_  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 |

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 |

CASING MECHANICAL INTEGRITY TEST

DOCKET # E-27,671.2

Disposal  Enhanced Recovery:

N/2 NW. NW, Sec 31, T 16 S, R 21 E/W

Repressuring   
 Flood   
 Tertiary

4922 Feet from South Section Line  
4630 Feet from East Section Line

Date injection started \_\_\_\_\_  
 API #15 -135 -236.75-00-01

Lease Thompson "B" Well # 4  
 County Neosho

Operator: American Energy Corp.  
 Name & Address 155 N Market, Suite 710  
Wichita, KS. 67202

Operator License # 5399  
 Contact Person Alan L DeBood  
 Phone 316-263-5785

Max. Auth. Injection Press. 0 psi; Max. Inj. Rate 2000 bbl/d;  
 If Dual Completion - Injection above production \_\_\_\_\_ Injection below production \_\_\_\_\_

|                   | Conductor                              | Surface       | Production         | Liner                  | Tubing                         |
|-------------------|--|---------------|--------------------|------------------------|--------------------------------|
| Size              |  | <u>8 5/8"</u> | <u>5 1/2"</u>      |                        | Size <u>2 3/8"</u>             |
| Set at            |  | <u>265'</u>   | <u>4419'</u>       |                        | Set at <u>4243'</u>            |
| Cement Top        |  | <u>0</u>      | <u>4009'</u>       |                        | Type <u>Sulcite</u>            |
| " Bottom          |  | <u>265'</u>   | <u>4419'</u>       |                        |                                |
| IV/99 #           | <u>1685 to 710' cont from top down</u> |               | ID (and plug back) | <u>4420</u>            | ft. depth                      |
| Packer type       | <u>Baker AD-1</u>                      |               | Size               | <u>2 3/8" X 5 1/2"</u> | Set at <u>4243'</u>            |
| Zone of injection | <u>Cherokee</u>                        |               | ft. to ft.         | <u>4277-96</u>         | Perf. or open hole <u>perf</u> |

Type Mit: Pressure  Radioactive Tracer Survey  Temperature Survey

| Time: Start | 0 Min.     | 15 Min.    | 30 Min.    | Set up 1 | System Pres. during test             |
|-------------|------------|------------|------------|----------|--------------------------------------|
| Pressures:  | <u>380</u> | <u>380</u> | <u>380</u> | Set up 2 | Annular Pres. during test <u>380</u> |
|             |            |            |            | Set up 3 | Fluid loss during test <u>0</u>      |

Tested: Casing  or Casing - Tubing Annulus

The bottom of the tested zone is shut in with a packer

Test Date 11-19-09 Using Cherokee Oil Company's Equipment

The operator hereby certifies that the zone between 0 feet and 4243 feet

was the zone tested Jammy R. [Signature] Title \_\_\_\_\_

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

State Agent Michael J. [Signature] Title Put II Witness: Yes  No \_\_\_\_\_

REMARKS: Spr. tested - nothing done to well since last test - Backside was full - well is not being used.

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



*[Handwritten signature]*