



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

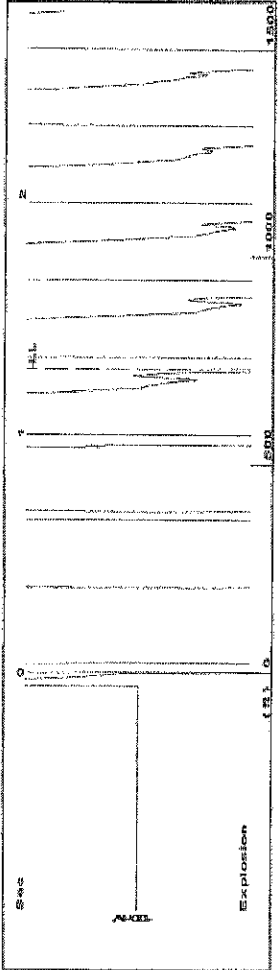
Do NOT Write in This Space - KCC USE ONLY	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
	Review Completed by: _____	Comments: _____	TA Approved: Yes <input type="checkbox"/> Denied <input type="checkbox"/>		

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

Good B-5

Group: Examples Well: Good B 5 (acquired on: 03/15/12 13:23:07)



Time 1.268 sec
 Joints 23 Jts
 Depth 729.10 ft

Liquid level calculated with user supplied Acoustic Velocity

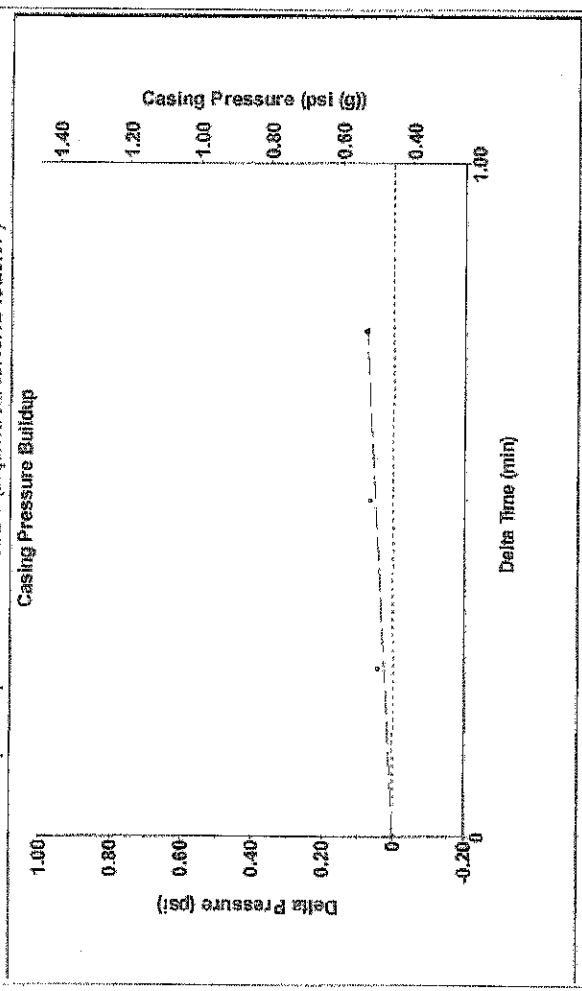
Acoustic Velocity 1150 ft/s

Analysis Method: Acoustic Velocity

Group: Examples Well: Good B 5 (acquired on: 03/15/12 13:23:07)

Production	Potential	Casing Pressure	0.5 psi (g)
Current	- * - BBL/D	Casing Pressure Buildup	0.1 psi
Oil	- * - BBL/D	Gas/Liquid Interface Pressure	0.75 min
Water	- * - Mscf/D		
Gas			
IPR Method	Vogel		
PBHP/SEHP	- * -		
Production Efficiency	0.0		
Oil 40 deg API		Liquid Level Depth	729.10 ft
Water 1.05 Sp.Gr.H2O		Pump Intake Depth	- * - ft
Gas 0.85 Sp.Gr.AIR		Formation Depth	2850.00 ft
Acoustic Velocity	1150 ft/s		
Formation Submergence			
Total Gaseous Liquid Column HT (TVVD)	- * - ft		
Equivalent Gas Free Liquid HT (TVVD)	- * - ft		
Acoustic Test			

Group: Examples Well: Good B 5 (acquired on: 03/15/12 13:23:07)



Change in Pressure 0.08 psi
 Change in Time 0.75 min
 PT 12621 Range

Group: Examples Well: Good B 5 (acquired on: 03/15/12 13:23:07)

Entered Acoustic Velocity for Liquid Level depth determination