



TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

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

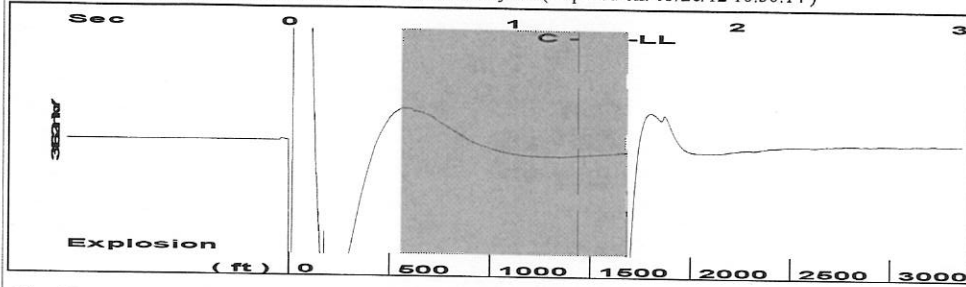
Date Tested: _____ Results: _____ Date Plugged: _____ Date Repaired: _____ Date Put Back in Service: _____

Review Completed by: _____ Comments: _____ TA Approved: Yes Denied

Mail to the Appropriate KCC Conservation Office:

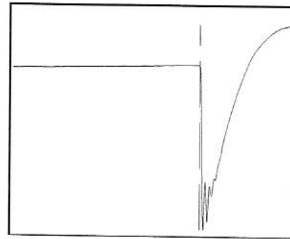
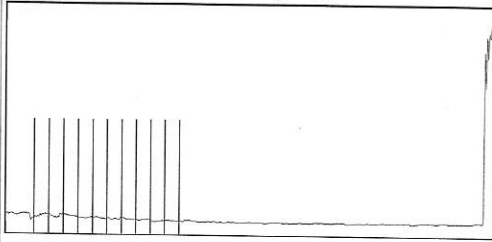
	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
	KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.630.4000
	KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720	Phone 620.432.2300
	KCC District Office #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

Group: Pratt Well Service, Inc Well: Bailey C2 (acquired on: 03/28/12 10:50:14)



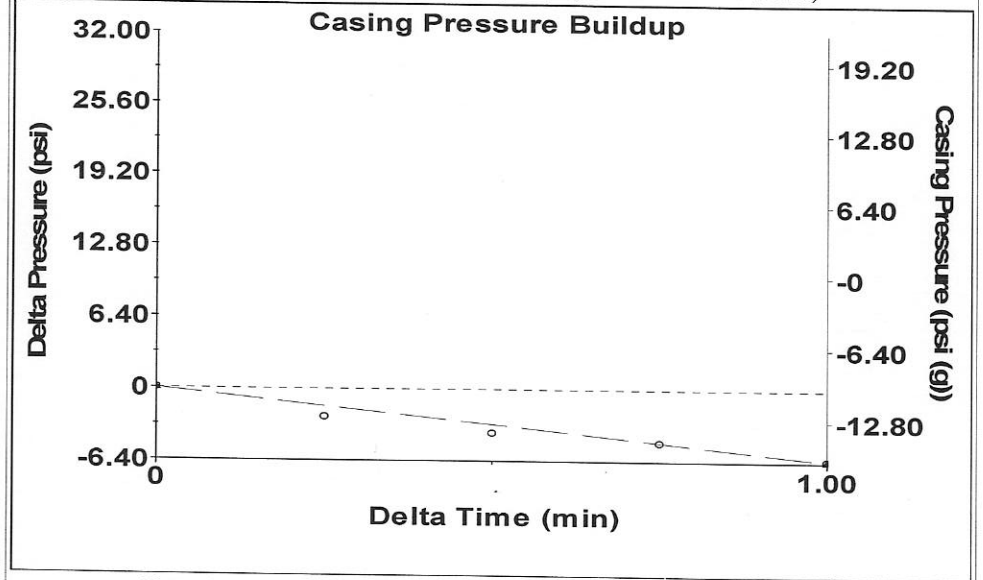
Filter Type High Pass Automatic Collar Count Yes Time 1.507 sec
 Manual Acoustic Velo 2113.33 ft/s Manual JTS/sec 33.3333 Joints 52.9805 Jts
 Depth 1679.48 ft

[0.5 to 1.5 (Sec)]



Analysis Method: Automatic

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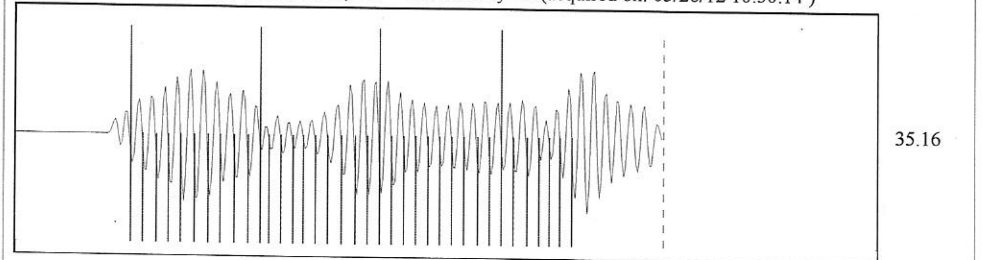
Change in Pressure -6.26 psi PT 4184
 Change in Time 1.00 min Range 0 - ? psi

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Production	Potential	Casing Pressure	Producing
Oil - * -	- * - BBL/D	-10.0 psi (g)	
Water - * -	- * - BBL/D	Casing Pressure Buildup	Casing % Liquid
Gas - * -	- * - Mscf/D	-6.3 psi	100 %
		1.00 min	
IPR Method	Vogel	Gas/Liquid Interface Pressure	
PBHP/SBHP	- * -	-9.9 psi (g)	
Production Efficiency	0.0		
Oil 40 deg.API		Liquid Level Depth	
Water 1.05 Sp.Gr.H2O		1679.48 ft	
Gas 0.55 Sp.Gr.AIR		Tubing Intake Depth	
		3825.00 ft	
Acoustic Velocity	2228.91 ft/s	Formation Depth	
		3825.00 ft	
Formation Submergence			
Total Gaseous Liquid Column HT (TVD)	2146 ft		
Equivalent Gas Free Liquid HT (TVD)	2146 ft		
Acoustic Test			



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Acoustic Velocity 2228.91 ft/s Joints counted 36
 Joints Per Second 35.1563 jts/sec Joints to liquid level 52.9805
 Depth to liquid level 1679.48 ft Filter Width 31.3333 35.3333
 Automatic Collar Count Yes Time to 1st Collar 0.268 1.292