



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

CASING MECHANICAL INTEGRITY TEST

DOCKET # 2-27,671

Disposal Enhanced Recovery:

SW NW NW, Sec 31, T 16 S, R 21 E/N

Repressuring
Flood
Tertiary

4290 (4276) Feet from South Section Line
4950 (4933) Feet from East Section Line

Date injection started _____
API #15 -135 - 23,472-00-01

Lease Thompson B Well # 2
County Lead

Operator Ameson Energy Corporation
Name & Address 155 N Market Ste 710
Wichita, Ks. 67202

Operator License # 5399
Contact Person Thad Star
Phone 316-263-5785

Max. Auth. Injection Press. 0 psi; Max. Inj. Rate 2000 bbl/d; DBBL well not being used
If Dual Completion - Injection above production _____ Injection below production _____

Size	Conductor	Surface	Production	Liner	Size	Tubing
Set at		<u>8 3/4'</u>	<u>5 1/2'</u>		Set at	<u>2 3/8'</u>
Cement Top		<u>269'</u>	<u>4402'</u>		Type	<u>Sealthite</u>
" Bottom		<u>0</u>	<u>3610'</u>			
DV/Perf.	<u>11670 to 0'</u>	<u>269'</u>	<u>4402'</u>			
Packer type	<u>Baker D-1 Compression</u>			TD (and plug back)	<u>4402</u>	ft. depth
Zone of injection	<u>Cherokee</u>			Size	<u>5 1/2" X 2 3/8"</u>	Set at <u>4221</u>
						Perf. or open hole <u>Perf</u>

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.
I
E Pressures: 310 310 310 Set up 1 System Pres. during test 0
L Set up 2 Annular Pres. during test 310
D Set up 3 Fluid loss during test 0 bbls.
D
A
T Tested: Casing or Casing - Tubing Annulus
A

The bottom of the tested zone is shut in with a packer
Test Date 5-2-11 Using Walker Tank Company's Equipment
The operator hereby certifies that the zone between 0 feet and 4221 feet
was the zone tested
Thad Star Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____
State Agent Michael J. Maier Title Put II Witness: Yes No _____
REMARKS: 5yr. retest - Nothing done to well since last test - Backside was full

Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update 38.62310
99.69658
KCC Form U-2 6/84

CPS entered

REC'D MAY 10 2011