



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

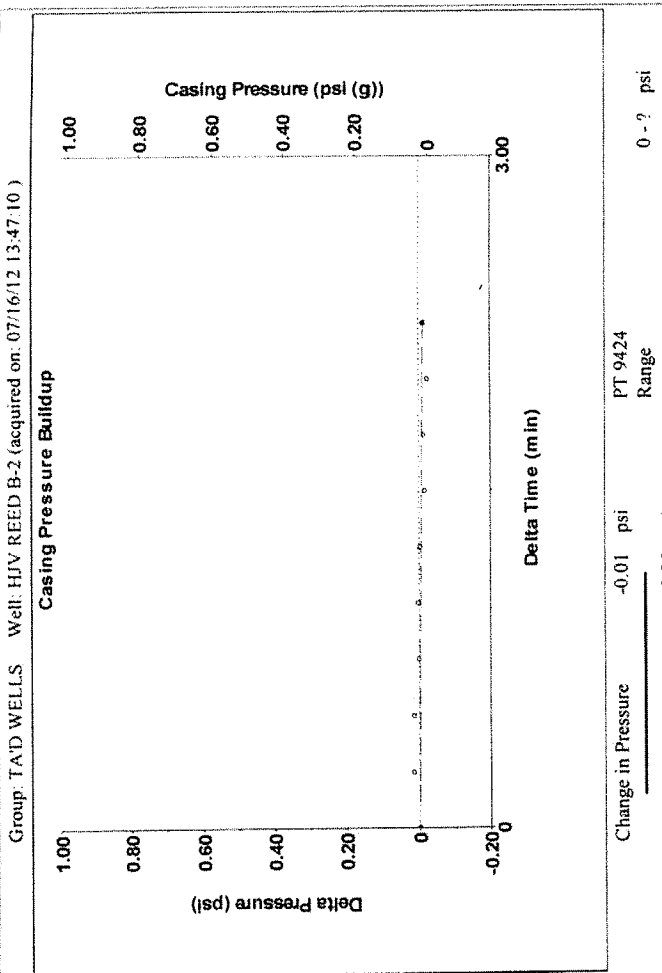
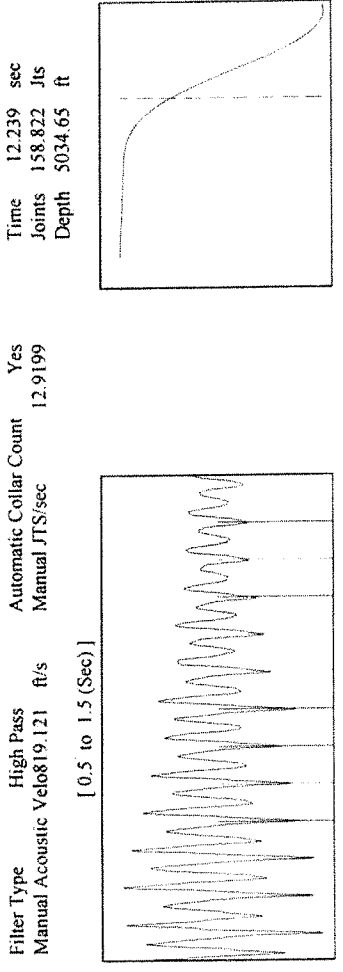
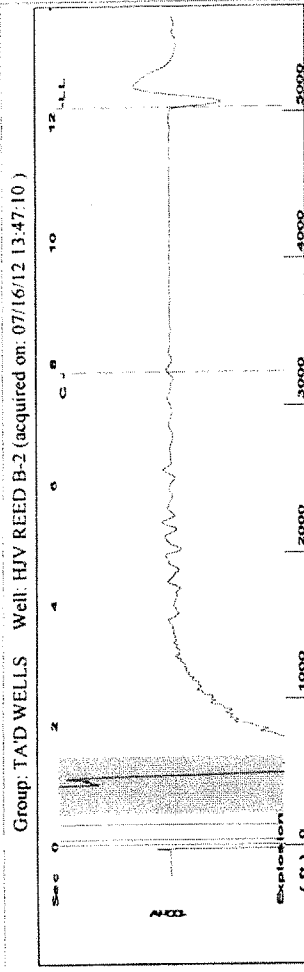
Do NOT Write in This Space - KCC USE ONLY	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
	Review Completed by: _____	Comments: _____	TA Approved: Yes <input type="checkbox"/> Denied <input type="checkbox"/>		

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

15-067-21481-00-00

Reed B # 2



Analysis Method: Automatic

Group: TAD WELLS Well: HJV REED B-2 (acquired on: 07/16/12 13:47:10)

Production Current	Potential	Casing Pressure	Producing
Oil 3	3.3 BBL/D	0.0 psi (g)	Annular Gas Flow 0 Mscf/D
Water 10	11.1 BBL/D	Casing Pressure Buildup -0.011 psi	% Liquid 100 %
Gas 0.0	0.0 Mscf/D	Gas/Liquid Interface Pressure 2.0 psi (g)	Liquid Stream Below Tubing 0 %
IPR Method: Vogel		Liquid Level Depth 5034.65 ft	Water 100 %
PBHP/SBHP: 0.24		Pump Intake Depth 5294.00 ft	Liquid Below Tubing 100 %
Production Efficiency: 90.5		Formation Depth 5324.00 ft	Pump Intake 96.4 psi (g)
Oil 29 deg API			Producing BHP 110.1 psi (g)
Water 1.05 Sp.Gr.H2O			Static BHP 500.0 psi (g)
Gas 0.72 Sp.Gr.AIR			
Acoustic Velocity 822.722 ft/s			
Formation Submergence			
Total Gaseous Liquid Column HT (TVD) 259 ft			
Equivalent Gas Free Liquid HT (TVD) 259 ft			
Acoustic Test			

Group: TAD WELLS Well: HJV REED B-2 (acquired on: 07/16/12 13:47:10)

Acoustic Velocity	822.722 ft/s	Joints counted	98
Joints Per Second	12.9767 jts/sec	Joints to liquid level	158.822
Depth to liquid level	5034.65 ft	Filter Width	10.9199
Automatic Collar Count	Yes	Time to 1st Collar	7.852