



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

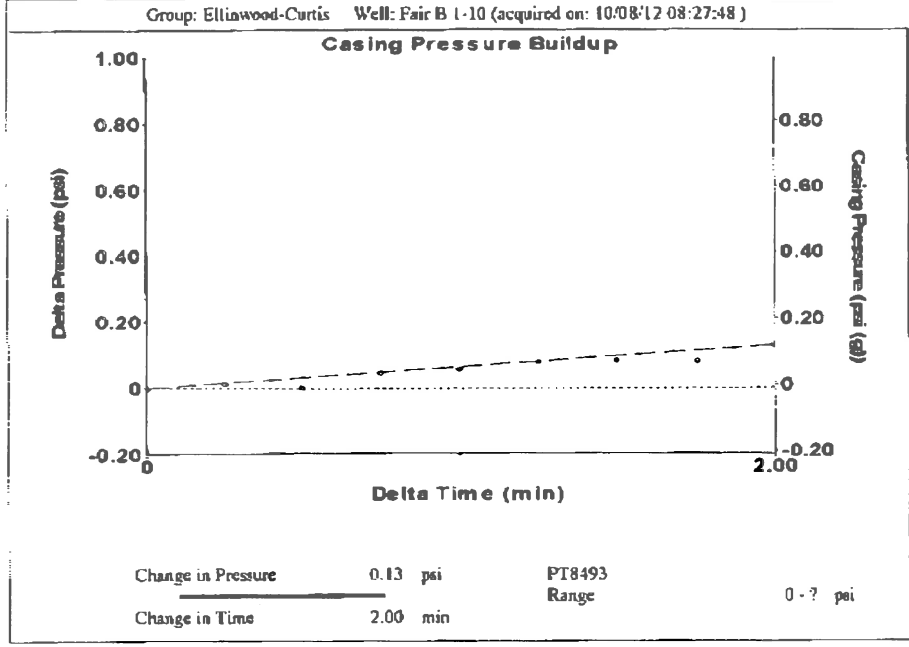
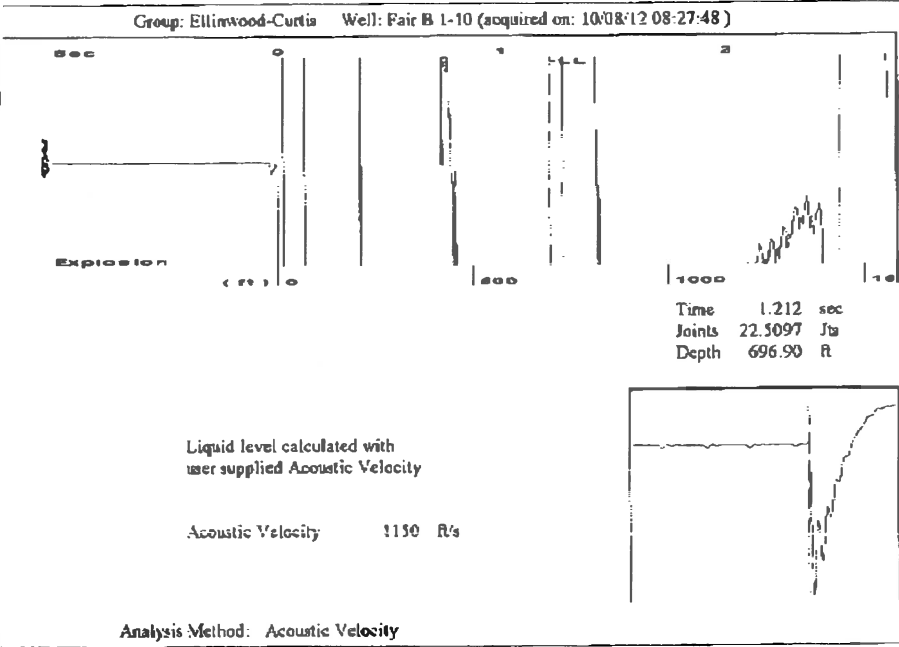
Do NOT Write in This Space - KCC USE ONLY	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
	Review Completed by: _____	Comments: _____	TA Approved: Yes <input type="checkbox"/> Denied <input type="checkbox"/>		

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

Received Fax : 10/09/2012 20:34 FAX 620 584 2062 Oct 10 2012 8:03AM Fax Station : F G Holl Co., LLC

10/09/2012 20:34 FAX 620 584 2062 F G HOLL ELLINWOOD → WICHITA



Group: Ellinwood-Curtis Well: Fair B 1-10 (acquired on: 10/08/12 08:27:48)

Production Current	Potential	Casing Pressure	Producing
Oil - * -	- * - BBL/D	-0.0 psi (g)	Annular Gas Flow 0 Mscf/D
Water - * -	- * - BBL/D	Casing Pressure Buildup 0.129 psi	% Liquid 100 %
Gas - * -	- * - Mscf/D	2.00 min	
		Gas/Liquid Interface Pressure 0.3 psi (g)	
IPR Method Vogel		Liquid Level Depth 696.90 ft	
PBHP/SBHP - * -		Pump Intake Depth - * - ft	
Production Efficiency 0.0		Formation Depth 2348.00 ft	
Oil 40 deg.API			
Water 1.05 Sp.Gr.H2O			
Gas 0.85 Sp.Gr.AIR			
Acoustic Velocity 1150 ft/s			
Formation Submergence			
Total Gaseous Liquid Column HT (TVD) 1651 ft			
Equivalent Gas Free Liquid HT (TVD) 1651 ft			
Acoustic Test			

Group: Ellinwood-Curtis Well: Fair B 1-10 (acquired on: 10/08/12 08:27:48)

Entered Acoustic Velocity for Liquid Level depth determination