



**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: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)  
Datum:  NAD27  NAD83  WGS84  
County: \_\_\_\_\_ Elevation: \_\_\_\_\_  GL  KB  
Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_  
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 from Surface: \_\_\_\_\_ 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

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

**Submitted Electronically**

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

**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 / UPGS - 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

CASING MECHANICAL INTEGRITY TEST

DOCKET# D-21,560

Disposal Well  Enhanced Recovery:
Repressuring
Flood
Tertiary

NE-NW-SW/4, Sec 20, T 08 S, R 19 E/W

2292' 2310' Feet from South Section Line
4164' 4290' Feet from East Section Line

Date injection started
API #15- 163-21298-00-01

Lease LOWRY Well # 4 SWD
County ROOKS

Operator: Oil Producers Inc. of Kansas
Name & Address 1710 Waterfront Pkwy.
Wichita, Kansas 67206-6603

Operator License# 8061
Contact Person Jordon Diskin
Phone 316-303-4691

KCC
FEB 11 2013
HAYS, KS

Max. Auth. Injection Press 0 Psi; Max Inj. Rate 800 bbl/d;

If Dual Completion - Injection above production Injection below production

Table with columns: Size, Conductor, Surface, Production, Liner, Tubing. Rows include Set at, Cement Top, and Bottom.

DV/Perf. TD (and plug back) 3445' P.B.T.D. 1330' ft. depth

Packer type AD-1 Tension Size 4 1/2" x 2 3/8" Set at 1092'

Zone of injection 1110' ft. to ft. 1130' Perf. or open hole Perforated

Type MIT: Pressure: 02. Radioactive Tracer Survey: Temperature Survey:

F Time: Start 0 15 Min 30 Min
I
E Pressures: 300\* 300\* 300\* Set up 1 System Pres. during test -0-
L Set up 2 Annular Pres. during test 300\*
D Set up 3 Fluid loss during test -0- bbls.

T Tested: Casing or Casing - Tubing Annulus X

The bottom of the tested zone in shut in with a PACKER

Test Date 02/04/2013 Using ATS Company's Equipment

The operator hereby certifies that the zone between 0 feet and 1092' feet

was the zone tested

Signature

Co-Man Title

The results were Satisfactory X Marginal Not Satisfactory PASSED

State Agent: Title: Witness: YES X NO

REMARKS: Sqzd. Casing leaks from 534' - 564' w/50 sx cement. P.B.T.D. 1328' cement.

KCC Origin. Conservation Div.: KDHE/T: #4 Dist. Office

Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N) N

GPS Lat 39.34235 GPS Long 99.47047

(If YES please describe in REMARKS) KCC Form U-7

Need to Amend Application/permit w/ tubing/packer completion.