



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

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: <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

SHELL GULF OF MEXICO, INC. (34574)

Koblitz 3409-34

<p>PETE MARTIN DRILLING (34645) (SET THE CONDUCTOR)</p>	<p>1-H Conductor</p>	<p>1-H Mouse Hole</p>
<p>Call in DATE OF SPUD</p>		
<p>spud in date</p>	<p>9/7/2012</p>	<p>9/12/2012</p>
<p>T.D date</p>	<p>9/8/2012</p>	<p>9/12/2012</p>
<p>Size Hole Drilled</p>	<p>26"</p>	<p>20"</p>
<p>Size Casing Set (in O.D)</p>	<p>18"</p>	<p>14"</p>
<p>conductor wall thickness</p>	<p>250</p>	<p>188</p>
<p>Weight Lbs./Ft.</p>	<p>47.76</p>	<p>27.76</p>
<p>Setting Depth</p>	<p>59'</p>	<p>77"</p>
<p>Type of Cement</p>	<p>Type 1/2 portland cement</p>	<p>Type 1/2 portland cement</p>
<p>Cubic yards of cement</p>	<p>7cy</p>	<p>7cy</p>
<p>2500 PSI Grout Mix</p>	<p>yes</p>	<p>yes</p>
<p>Type and Percent of Additives</p>	<p>15% fly ash</p>	<p>15% fly ash</p>
<p>Comments</p>	<p>0-6' Dirt, 6-14 Red Dirt, 14-21' Red Sand, Water at 18', 21-60' Red Clay.</p>	<p>0-6' Dirt, 6-14 Red Dirt, 14-21' Red Sand, Water at 18', 21-77' Red Clay.</p>