



# 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)  
 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 |

# CEMENT JOB REPORT



|  |                           |                      |                                    |
|--|---------------------------|----------------------|------------------------------------|
| CUSTOMER<br>SHELL WESTERN E & P INC                                | DATE<br>24-APR-13         | F.R. #<br>1001982517 | SERV. SUPV.<br>Justin W Cross      |
| LEASE & WELL NAME<br>POTTER & ISAACS 2509 #26-2H - API 15155216420 | LOCATION<br>26-25S-9W     |                      | COUNTY-PARISH-BLOCK<br>Reno Kansas |
| DISTRICT<br>McAlester  | DRILLING CONTRACTOR RIG # |                      | TYPE OF JOB<br>Surface             |

| SIZE & TYPE OF PLUGS                  | LIST-CSG-HARDWARE | MECHANICAL BARRIERS | MD | TVD | HANGER TYPES | MD | TVD |
|---------------------------------------|-------------------|---------------------|----|-----|--------------|----|-----|
| 9-5/8" Top Cem Plug, Nitrile cvr, Phe | SHOE PRO CUSTOMER |                     |    |     |              |    |     |

| MATERIALS FURNISHED BY BJ           | LAB REPORT NO. | PHYSICAL SLURRY PROPERTIES             |                |               |           |                  |            |
|-------------------------------------|----------------|--|----------------|---------------|-----------|------------------|------------|
|                                     |                | SACKS OF CEMENT                        | SLURRY WGT PPG | SLURRY YLD FT | WATER GPS | PUMP TIME HR:MIN | Bbl SLURRY |
| WATER                               |                | 0                                      | 8.34           | 0             | 0         | 00:00            | 20         |
| CLASS C 2% CACL2+.25#CELLO FLAKE    | 125103090      | 270                                    | 14.2           | 1.35          | 6.33      | 04:24            | 64         |
| Water                               |                |  | 8.34           |               |           |                  | 26         |
| Available Mix Water <u>500</u> Bbl. |                | Available Displ. Fluid <u>500</u> Bbl. |                | TOTAL         |           | 110              | 40.12      |

| HOLE  |          |       | TBG-CSG-D.P. |       |      |      |     |     | COLLAR DEPTHS |      |       |       |
|-------|----------|-------|--------------|-------|------|------|-----|-----|---------------|------|-------|-------|
| SIZE  | % EXCESS | DEPTH | ID           | OD    | WGT. | TYPE | MD  | TVD | GRADE         | SHOE | FLOAT | STAGE |
| 12.25 |          | 388   | 8.921        | 9.625 | 36   | CSG  | 382 | 382 | J-55          | 382  | 341   |       |

| LAST CASING |    |     |      |    | PKR-CMT RET-BR PL-LINER |              |  |       | PERF. DEPTH |     | TOP CONN |        | WELL FLUID     |      |
|-------------|----|-----|------|----|-------------------------|--------------|--|-------|-------------|-----|----------|--------|----------------|------|
| ID          | OD | WGT | TYPE | MD | TVD                     | BRAND & TYPE |  | DEPTH | TOP         | BTM | SIZE     | THREAD | TYPE           | WGT. |
|             |    |     |      |    |                         |              |  |       |             |     | 9.625    | 8RD    | WATER BASED MU | 8.5  |

| DISPL. VOLUME |      | DISPL. FLUID |      | CAL. PSI  | CAL. MAX PSI | OP. MAX | MAX TBG PSI |          | MAX CSG PSI |          | MIX WATER |
|---------------|------|--------------|------|-----------|--------------|---------|-------------|----------|-------------|----------|-----------|
| VOLUME        | UOM  | TYPE         | WGT. | BUMP PLUG | TO REV.      | SQ. PSI | RATED       | Operator | RATED       | Operator | RIG       |
| 26            | BBLs | Water        | 8.34 | 120       |              |         |             |          | 2816        | 1500     | RIG       |

**EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: ARRIVE ON LOC RUNNING CASING**

| PRESSURE/RATE DETAIL |                |         |          |                   |            | EXPLANATION  |  |
|----------------------|----------------|---------|----------|-------------------|------------|--|--|
| TIME HR:MIN.         | PRESSURE - PSI |         | RATE BPM | Bbl. FLUID PUMPED | FLUID TYPE | SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/> |  |
|                      | PIPE           | ANNULUS |          |                   |            | TEST LINES 2000 PSI  |  |
|                      |                |         |          |                   |            | CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>                   |  |
| 12:00                |                |         |          |                   |            | ARRIVE ON LOC  |  |
| 18:30                |                |         |          |                   |            | SAFETY MEETING   |  |
| 19:12                | 2000           |         |          |                   | WATER      | TEST LINES START WATER AHEAD   |  |
| 19:19                | 145            |         | 4        | 20                | WATER      | FINISH WATER START SLURRY  |  |
| 19:38                | 144            |         | 3        | 64                | SLURRY     | FINISH SLURRY DROP PLUG START DISPLACMENT  |  |
| 19:50                | 180            |         | 3        | 26                | WATER      | BUMP PLUG PRESSURE TO 1100 psi   |  |
| 20:00                | 0              |         |          |                   | WATER      | BLEED OFF RECIVED .25 BBLs TO TRUCK  |  |
|                      |                |         |          |                   |            | FLOATS HOLDING   |  |
|                      |                |         |          |                   |            | THANK YOU FOR USING BAKER HUGHES   |  |

| BUMPED PLUG  | PSI TO BUMP PLUG | TEST FLOAT EQUIP.  | BBL.CMT RETURNS/ REVERSED | TOTAL BBL. PUMPED | PSI LEFT ON CSG | SPOT TOP OUT CEMENT                     | SERVICE SUPERVISOR SIGNATURE: |
|--|------------------|--|---------------------------|-------------------|-----------------|---|-------------------------------|
| <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 1100             | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 40                        | 110               | 0               | Y <input checked="" type="checkbox"/> N |                               |