



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

CASING MECHANICAL INTEGRITY TEST

DOCKET # D-25406

Disposal Enhanced Recovery:

SW NW NW, Sec 22, T 22 S, R 3 E (R)

Repressuring
Flood
Tertiary

4345 Feet from South Section Line
5039 Feet from East Section Line

Date injection started _____
API #15 079-20628

Lease Regier B Well # 1
County Harvey

Operator: Kenneth R Stucky
Name & Address Box 576
Burton Ks 67020

Operator License # 33526
Contact Person Kenneth R. Stucky
Phone 620-463-7624

	Conductor	Surface	Production	Liner	Tubing
Max. Auth. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;					
If Dual Completion - Injection above production _____					
Size _____	<u>2 7/8</u>	<u>4.5</u>			Size <u>2 7/8</u>
Set at _____	<u>260</u>	<u>3802</u>			Set at <u>3780</u>
Cement Top _____	<u>0</u>	<u>3144</u>			Type <u>DUAL lined</u>
" Bottom _____	<u>260</u>	<u>3802</u>			
DV/Perf. _____			TD (and plug back) <u>3870</u>		ft. depth _____
Packer type <u>BAKER AD-1</u>			Size _____	Set at <u>3780</u>	
Zone of injection <u>3802</u>			ft. to ft. <u>3870</u>	Perf. or open hole <u>Abb</u>	

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.

E Pressures: 110 110 110 Set up 1 System Pres. during test -

L Set up 2 Annular Pres. during test 110

D Set up 3 Fluid loss during test 0 bbls.

T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with Packer

Test Date 6-18-13 Using Company Equipment Company's Equipment

The operator hereby certifies that the zone between 0 feet and 3780 feet was the zone tested Kenneth R Stucky Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent BJ Hope Title PA Witness: Yes No _____

REMARKS: MIT

Origin. Conservation Div.; KDFE/T; Dist. Office;
 Computer Update