June 2011

TEMPORARY ABANDONMENT WELL APPLICATION

______ State: _____ Zip: _____ + __ _ _ _ _

Surface

___ How Determined? ____

OPERATOR: License# _____

Address 1:

Address 2:

Size

Setting Depth Amount of Cement Top of Cement **Bottom of Cement**

Packer Type: ___

Total Depth:

Geological Date: **Formation Name**

Phone:(_____) ___

Contact Person Email: ___

Field Contact Person: ____

Field Contact Person Phone: (_____) ____

Casing Fluid Level from Surface:_____

Do you have a valid Oil & Gas Lease? Yes No

Conductor

__ Size: ___

__ Plug Back Depth: ___

Formation Top Formation Base

At: ______ to _____ Feet Perforation Interval ____

Form must be Typed Form must be signed All blanks must be complete 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 Datum: NAD27 NAD83 WGS84 _____ Elevation:____ ____ GL KB Lease Name: ___ Well Type: (check one) Oil Gas OG WSW Other: Gas Storage Permit #:____ Spud Date: ___ ___ Date Shut-In: __ Tubing Production Intermediate Liner Casing Squeeze(s): _____ to ____ w / ____ sacks of cement, ____ to ____ w / ____ sacks of cement. Date: ___ Depth and Type:

Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____ Type Completion: ALT. I Depth of: DV Tool: ____w / ____ sacks of cement Port Collar: ____w / ____ sack of cement _ Inch Set at: ___

Feet	Perforation Interval	to	Feet or Ope	n Hole Interval	to	Feet
THE INCODMA	TION CONTAINED LIEDEI	NICTOLE AL	UD CODDECTT	OTHE DEST OF M	IV I/NOW! EF	VCE

Completion Information

___to_____ Feet or Open Hole Interval_____ to _____ Feet

Do NOT Write in This Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service: Space - KCC USE ONLY Review Completed by: ___ TA Approved: Yes Denied Date: ___

Submitted Electronically

___ Plug Back Method: ___

Mail to the Appropriate KCC Conservation Office:

