KANSAS CORPORATION COMMISSION 1159069

Form CP-111 June 2011 Form must be Typed Form must be signed All blanks must be complete

## **TEMPORARY ABANDONMENT WELL APPLICATION**

| OPERATOR: License#            |   |               |             | API No. 15-          | API No. 15  |                             |        |           |  |  |  |
|-------------------------------|---|---------------|-------------|----------------------|---|-----------------------------|--------|-----------|--|--|--|
|                               |   |               |             | Spot Descr           |   |                             |        |           |  |  |  |
|                               |   |               |             | _                    |   |                             |        |           |  |  |  |
|                               |   |               |             |                      |   |                             |        |           |  |  |  |
|                               |   |               |             |                      |   |                             |        |           |  |  |  |
|                               |   |               |             | GF 5 LUCau           | GPS Location: Lat:                                  |                             |        |           |  |  |  |
|                               |   |               |             |                      |   |                             |        |           |  |  |  |
| Contact Person Email:         |   |               |             | Lease Nam            | Lease Name: Well #:                                 |                             |        |           |  |  |  |
| Field Contact Person:         |   |               |             | Well Type: (         | (check one) 🗌 🕻                                     | Dil 🗌 Gas 🗌 OG 🗌 WSW 🗌 O    | Other: |           |  |  |  |
| Field Contact Person Phone:   |   |               |             | SWD P                | SWD Permit #: ENHR Permit #:  Gas Storage Permit #: |                             |        |           |  |  |  |
|                               | //  |               |             |                      |   |                             |        |           |  |  |  |
|                               |   |               |             | Spud Date:           |   | Date Shut-In:               |        |           |  |  |  |
|                               | Conductor                                 | Surface       |             | Production           | Intermedia  | te Liner                    | Tubing |           |  |  |  |
| Size                          |   |               |             |                      |   |                             |        |           |  |  |  |
| Setting Depth                 |   |               |             |                      |   |                             |        |           |  |  |  |
| Amount of Cement              |   |               |             |                      |   |                             |        |           |  |  |  |
| Top of Cement                 |   |               |             |                      |   |                             |        |           |  |  |  |
| Bottom of Cement              |   |               |             |                      |   |                             |        |           |  |  |  |
| Casing Fluid Level from Surf  | ace.                                      |               | How Determi | ined?                |   | Da                          | te:    |           |  |  |  |
| 0                             |   |               |             |                      |   | sacks of cement. Da         |        |           |  |  |  |
| Do you have a valid Oil & Ga  | as Lease? 🗌 Yes                           | No            |             |                      |   |                             |        |           |  |  |  |
| Depth and Type: Junk ir       | Hole at                                   | Tools in Hole | at          | Casing Leaks:        | Yes No  | Depth of casing leak(s):    |        |           |  |  |  |
|                               |   |               |             |                      |   |                             |        | of cement |  |  |  |
|                               |   |               |             |                      |   | Port Collar: w /            |        | 1 comone  |  |  |  |
| Packer Type:                  |   |               |             |                      |   |                             |        |           |  |  |  |
| Total Depth: Plug Back Depth: |   |               |             | Plug Back Meth       | _ Plug Back Method:                                 |                             |        |           |  |  |  |
| Geological Date:              |   |               |             |                      |   |                             |        |           |  |  |  |
| Formation Name                | rmation Name Formation Top Formation Base |               |             |                      | Completion Information                              |                             |        |           |  |  |  |
| 1                             | At:                                       | to            | Feet        | Perforation Interval | to  | Feet or Open Hole Interval_ | to     | Feet      |  |  |  |
|                               |   | to            |             |                      |   |                             |        |           |  |  |  |

## Submitted Electronically

| <i>Do NOT Write in This<br/>Space -</i> KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                                 |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 D                               | enied 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  |                    |  |
| Image: Section 1     Image: Section 1 <th 1<<="" image:="" section="" td=""><td>KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720</td><td>Phone 620.432.2300</td><td></td></th> | <td>KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720</td> <td>Phone 620.432.2300</td> <td></td> | 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  |                    |  |

| FISHER PRODUCTION SERVICES, INC. | P.O. Box 3831  | FLUID LEVEL REPORT | WELL DATA | <u>CSG. SIZE:</u> " <u>NO. TBG. JTS.:</u><br><u>CSG. DEPTH:</u> ' <u>AVG. JT. LENGTH:</u> 31.7' approx.<br>ZONE: " | <u>PERFS:</u><br><u>T.D.:</u><br>1/2 E, 1S, 1/2 W, N in.   | REMARKS                      | Unit down. C.P. 0 psig. | STED NAME IN WELL TESTING AND SLICKLINE SERVICE SINCE 1968<br>9 Surveys + Fishing + Setting + Broaching + Perforate Tubing + Plugs + Shift Sleeves<br>radients + Temperature Surveys + Fluid Levels + Dynamometers + Plunger Lift Sales & Service |
|----------------------------------|--|--------------------|-----------|--|--|------------------------------|-------------------------|---|
|                                  | <b>P.O.</b><br>Phone (580) 234-7538<br>Email: sales@ |                    |           | y, Inc.  | . 44 jct. in An  | DEPTH<br>TO FLUID            |                         | THE MOST TRUSTED NAME<br>Slickline Services ♦ Measuring Surveys ♦   |
|                                  | Phoi   |                    |           | dRidge Energ <sup>.</sup><br>1   | er<br>y. 179 & Hwy.  | NO. TBG.<br>JTS. TO<br>FLUID |                         | THE MOST TRUSTED NAN<br>Slickline Services & Measuring Surveys  |
|                                  |  |                    |           | <u>COMPANY:</u> SandRidge Energy, Inc.<br><u>LEASE:</u> Welch #1<br>STATE: KS                                      | <u>COUNTY:</u> Harper<br><u>COUNTY:</u> Harper<br><u>LOCATION:</u> Hwy. 179 & Hwy. 44 jct. in Anthony, KS, 3 | DATE                         | 9-17-13                 | Electro   |

