



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

KCC OIL/GAS REGULATORY OFFICES

Date: 02/13/12

District: 1

Case #: _____

- New Situation
- Response to Request
- Follow-Up

- Lease Inspection
- Complaint
- Field Report

Operator License No: 31739

API Well Number: 15-151-10241-00-01

Op Name: Iuka Carmi Development, LLC

Spot: NWNWNW Sec 18 Twp 27 S Rng 12 E / W

Address 1: PO Box 847

4950 (4937) Feet from N / S Line of Section

Address 2: _____

4950 (4793) Feet from E / W Line of Section

City: Pratt

GPS: Lat: 37.70300 Long: 98.68088 Date: 2/13/12

State: Ks Zip Code: 67124 -0847

Lease Name: SICU Well #: 5

Operator Phone #: (620) 672-2531

County: Pratt E-8202

Reason for Investigation:

Casing test for exception to the 10 year rule.

Problem:

TA well shut in over 10 years.

Persons Contacted:

Gareld Inslee " Agent for operator"

Findings:

9:45am
CIBP at 4220'. Simpson perms at 4269'-4292'.
Pratt Well Service pressured up on casing to 300#. Held for 300# for 30 min.

Action/Recommendations:

Follow Up Required Yes No

Date: _____

Satisfactory Test.

Verification Sources:

Photos Taken: _____

- | | | |
|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> RBDMS | <input type="checkbox"/> KGS | <input type="checkbox"/> TA Program |
| <input type="checkbox"/> T-I Database | <input checked="" type="checkbox"/> District Files | <input type="checkbox"/> Courthouse |
| <input checked="" type="checkbox"/> Other: <u>Witness</u> | | |

By: Steve Pfeifer

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

Form: 02/13/2012

Date: 02/13/12

District: 1

License #: 31739

Op Name: 31739

Spot: NWNWNW Sec 18 Twp 27 S Rng 12 E W

County: Pratt E-8202

Lease Name: SICU Well #: 5

I.D. Sign Yes No

Tank Battery Condition
Condition: Good Questionable Overflowing

Pits, Injection Site
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Oil Spill Evidence

Abandoned Well Potential Pollution Problem Yes No

Lease Cleanliness

Very Good Satisfactory Poor Very Bad

Gas Venting Yes No

Pits
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Saltwater Pipelines

Leaks Visible: Y N Tested for Leaks: Y N

Flowing Holes

TA Wells

Monitoring Records

SWD/ER Injection Well Yes No Pratt E-8202

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Gauge Connections Yes No

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

API Number	Footages	Spot Location	GPS	Well #	Well Status

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CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery: Repressuring
 Flood
 Tertiary

Date injection started _____
 API #15 -151 --1D241-00D1

DOCKET # 4-8202

Wm New Wm. Sec 18, T 27S, R 12 W

4950 (4923) Feet from South Section Line
4950 (4785) Feet from East Section Line

Lease SFCU (Bmin 2) Well # 5
 County Pratt

Operator: Duka-Farm Development LLC Operator License # 31739
 Name & Address PO Box 847
Pratt, KS. Contact Person Kenny Leates
 Phone 620-672-2531

Max. Auth. Injection Press. 500 psi; Max. Inj. Rate 1000 bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____
 Conductor _____ Production _____ Tubing _____
 Size _____ Surface " 5 1/2 ' _____ Size _____
 Set at _____ 4306 ' _____ Set at _____
 Cement Top _____ 3200 est. _____ Type _____
 " Bottom _____ 4306 _____
 DV/Perf. _____
 Packer type CRBP ID (and plug back) 4306 (4306) ft. depth
 Zone of injection Simpson ft. to ft. 4269-92 Perf. or open hole parts Set at 12-0 4220

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.
 I Pressures: 160 # 160 # Set up 1 _____ System Pres. during test 0
 E _____ Set up 2 _____ Annular Pres. during test 160 #
 L _____ Set up 3 _____ Fluid loss during test 0 bbls.
 D

A Tested: Casing or Casing - Tubing Annulus
 T the bottom of the tested zone is shut in with CRPC 4220 Company's Equipment
 A Test Date 10/19/11 Using Pratt Well Service
 The operator hereby certifies that the zone between 0 feet and 4220 feet
 was the zone tested _____ Signature _____ Title _____

The results were Satisfactory X, Marginal _____, Not Satisfactory _____

State Agent Stephan J. Gephart Title PRT III Witness: Yes X No _____

REMARKS: 5 gr test: 5-12 well

Origin. Conservation Div.; KHE/T; Dist. Office;

Computer Update 37.70296°N
98.68085°W