



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

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

Disposal Enhanced Recovery:

Repressuring
 Flood
 Tertiary

Date injection started _____
 API #15 067-21699-00-01

DOCKET # E-31, 688

SE SW SE Sec. 18, T 30 S, R 38 *W*

478 (471) Feet from South Section Line
1619 (1606) Feet from East Section Line

Lease LBSLU Well # 601W
 County GRANT

Operator: OXY USA, INC
 Name & Address PO Box 21570
HOUSTON, TX 77227-1570

Operator License # 5447
 Contact Person Laura Beth Hickett
 Phone 620-629-4253

Max. Auth. Injection Press. 2000 psi; Max. Inj. Rate 2000 bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Set at		<u>858"</u>	<u>5 1/2"</u>			<u>2 7/8"</u>
Cement Top		<u>1726'</u>	<u>5926'</u>			<u>5710</u>
" Bottom		<u>0</u>	<u>1320</u>			<u>POLY LINED</u>
DV/Perf.		<u>1726'</u>	<u>5926'</u>			

TD (and plug back) 5926 (5873) ft. depth
 Packer type ARROW SET IX Size 2 7/8" x 5 1/2" Set at 5710
 Zone of injection ST. LOUIS ft. to ft. 5780-80 Perf. or open hole Perf

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.
 I
 E Pressures: 330 330 330 Set up 1 System Pres. during test 0
 L Set up 2 Annular Pres. during test 330
 D Set up 3 Fluid loss during test 0 bbls.
 D
 A Tested: Casing or Casing - Tubing Annulus
 A

The bottom of the tested zone is shut in with A PACKER

Test Date 10/17/13 Using KEY ENERGY SERVICES Company's Equipment

The operator hereby certifies that the zone between 0 feet and 5710 feet

was the zone tested [Signature] OXY USA
 Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Kenny Sullivan Title PERT Witness: Yes No _____

REMARKS: INITIAL TEST. 5-YEAR RETEST NO COMPANY REPRESENTATIVE ON LOCATION.

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

KCC Form U-7 6/84

GPS entered 37.43328
 -101.51308