



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

Conservation Division
District Office No. 1
210 E. Frontview, Suite A
Dodge City, KS 67801



Phone: 620-225-8888
Fax: 620-225-8885
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner

Sam Brownback, Governor

FAX COVER SHEET

Date: August 16, 2012
Time: 11:26 AM
Confidential: Yes
To: Justin Ray
Fax No: 620 697-2631
From: Ken - KCC
KCC Fax No: 620-225-8885

Number of pages (including cover sheet): 2

If you need to contact the fax operator, please call: _____

Comments:

CSG integrity test

KCC OIL/GAS REGULATORY OFFICES

Date: 8-9-12

District: 1

Case #: _____

- New Situation
- Response to Request
- Follow-Up

- Lease Inspection
- Complaint
- Field Report

Operator License No: 5497
 Op Name: Oxy USA
 Address 1: P.O. Box 27570
 Address 2: _____
 City: Overton
 State: Texas Zip Code: 77227
 Operator Phone #: 713 215-7000

API Well Number: 15-129-21632-00-01
 Spot: NINE NW Sec 10 Twp. 35 S Rng 40 E W
4711 Feet from N S Line of Section
3664 Feet from E W Line of Section
 GPS: Lat: 37.03923 Long: 101.71283 Date: 8-9-12
 Lease Name: Hall P Well #: 3
 County: Marion

Reason for Investigation:

Test CSG integrity for application for extension of the 10 year TA limit.

Problem:

Persons Contacted:

_____ *Justin Ray - Oxy - On location*

Findings:

*5 1/2" CSG w/ 5 1/2" valve.
 CIBP @ 5500'. Perfs 5726-5731' DV Tool @ 3100'
 Key Energy pressured the CSG to 380# for 10 minutes
 Holding.*

Action/Recommendations:

Follow Up Required Yes No

Date: _____

CSG integrity is satisfactory.

Verification Sources:

- RBDMS
- T-1 Database
- Other: _____
- KGS
- District Files
- TA Program
- Courthouse

Photos Taken: _____

By: *Kerry Schlick*
Ann Gjelten

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

Form: _____