



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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
**NOTICE OF INJECTION
COMMENCEMENT OR TERMINATION**

Form U-5
July 2003
Form must be Typed
Form must be Signed
All blanks must be Filled
Form must be completed
on a per well basis

Notice of Injection: (check one) Commencement
 Termination
Entire Permit Yes No
 Disposal Enhanced Recovery
Effective Date: September 14th 2012
Operator License #: 34455
Operator: Glori Holdings Inc.
(As listed on Operator License)
Name: Glori Holdings Inc.
4315 South Dr
Address: Houston, TX 77053
Daniel Pyziak
Contact Persons Name: Daniel Pyziak
Phone Number: (832) 412-1424

Permit Number: E 24,960
Entire Permit: Yes No
NW NE Sec. 22 Twp. 33 S. R. 34 East West
4618 Feet from North / South Section Line
1981 Feet from East / West Section Line
Lease Description: Etzold Unit North - 480 acres
W/2 E/2 Sec 22-T33S-R34W, NW/4 Sec 22-T33S-R34W and
SW/4 Sec 22-T33S-R34W
Please list all leases and wells affected by this document:
Lease Name: Etzold Unit North
Well Number(s): 1-6
County: Seward
Zone Used for Injection: Lower Chester

For Notice of Termination:

Well will be plugged (File a CP-1 form) Well is plugged (File a CP-4 form) Returned to production (File an ACO-1 form) Temporary abandoned (File a CP-111 form with District Office)

A **COPY** of the CP-1, CP-4, ACO-1 or CP-111 form is attached.
(Please mark one)

If well is Temporary Abandoned, file TA form CP-111 with District Office, injection will resume on or about _____ (date)

or when the following work is completed:

Glori Holdings requests TA status for EUN 1-6 during the evaluation of an eor waterflood pattern
reconfiguration. Prior to converting the well to water injection Glori Holdings will notify the KCC and file
accordingly.

I certify that the above is a true and accurate statement of the facts as known this 9th day of January, 2014.

Signature: Daniel Pyziak

Name: Daniel Pyziak

Title: Director Production and Operations Engineering

KCC Office Use: KCC District # _____
Submit the following:
<input type="checkbox"/> a CP2/3 <input type="checkbox"/> a field report
<input type="checkbox"/> other: _____