



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 _____ (depth) Tools in Hole at _____ (depth) Casing Leaks: Yes No Depth of casing leak(s): _____
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

Disposal Enhanced Recovery: NE NE-NE Sec 36, T 16 S, R 22 E/W
 Repressuring
 Flood
 Tertiary
 Date injection started: API #15 -135 -23421-00-01
 Lease Sunbury Well #: 1-36
 County Mass.

Operator: American Energy Corp. Operator License #: 5399
 Name & Address: 155 N Market, Suite 710
Wichita, KS. 67202 Contact Person: Alan DaGood
 Phone: 316-263-5785

Max. Ann. Injection Press. 0 psi; Max. Inj. Rate 2000 bbl/d; 0 BR/s.
 If Dual Completion - Injection above production Injection below production

Conductor	Surface	Production	Liner	Size	Tubing
Size	<u>8 3/4"</u>	<u>5 1/2"</u>			<u>2 3/8"</u>
Set at	<u>263'</u>	<u>4371'</u>			<u>4215'</u>
Conduct. Top	<u>0</u>	<u>3860'</u>			Type <u>Solite</u>
Bottom	<u>263'</u>	<u>4371'</u>			

OV/SPR: 1590' cont to surface TD (and plug back) 4370 ft. depth
 Packer type Pack AD Size 2 3/8" X 4 1/2" Set at 4215
 Zone of Injection Cherokee Fr. to Fr. 4239-54 Perf. or open hole plugs

Type Mit: Pressure Radioactive tracer Survey Temperature Survey

Time: Start 0 Min. 15 Min. 30 Min.
 Pressures: 320 320 320 Set up 1 System Pres. during test 0
 Set up 2 Annular Pres. during test 320
 Set up 3 Fluid loss during test 0

Tested: Casing or Casing + Tubing Annulus

The bottom of the tested zone is sealed in with a packer

Test Date 11-19-09 Using Cherokee Oil Company's Equipment

The operator hereby certifies that the zone between 0 feet and 4215 feet

was the zone tested Sammy Bell Signature Title

The results were Satisfactory Marginal Not Satisfactory
 State Agent Michael J. Moore Title Print II Witness: Yes No
 Remarks: Sgn. retent. nothing done to well since last test - Backhaul new full-wall is not being used

11-19-14

Occin. Conservation Div.: KRBE/T: Dist. Office:

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/>

Shari Feist Albrecht, Chair
Thomas E. Wright, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

February 06, 2014

Rick Schreiber
Richlan Drilling, a General Partnership
598 2ND AVE
BEAVER, KS 67525-9226

Re: Temporary Abandonment
API 15-135-23421-00-01
Sunley 1-36
NE/4 Sec.36-16S-22W
Ness County, Kansas

Dear Rick Schreiber:

Your application for Temporary Abandonment (TA) of the above-listed well is denied for the following reasons(s):

Shut-in Over 10 years

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by March 08, 2014.

You may file an application for an exception to the 10-year limitation in K.A.R. 82-3-111 to demonstrate why it is necessary to TA the above well for more than (10) years. You must notify the Commission in writing no later than March 08, 2014 of your intention to file the application, and your complete application is due April 07, 2014. All applications and written notifications must be sent to the attention of the Executive Director at the Kansas Corporation Commission Conservation Division at 130 South Market, Room 2078, Wichita, Kansas 67202.

You may contact me at the number above if you have any questions.

Sincerely,

Eric MacLaren