



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

DOCKET # E-22671.2

Disposal Enhanced Recovery:

N/2 NW. NW, Sec 31, T 16 S, R 21 E/W

Repressuring
Flood
Tertiary

4922 Feet from South Section Line
4630 Feet from East Section Line

Date injection started
API #15 -135 -23675-00-01

Lease Thompson "B" Well # 4
County Nowa

Operator: American Energy Corp.
Name & Address 155 N Market, Suite 710
Wichita, KS. 67202

Operator License # 5399
Contact Person Alan L DeGood
Phone 316-263-5785

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

	Conductor	Surface	Production	Liner	Tubing
Size		<u>8.5"</u>	<u>5.5"</u>		Size <u>2.38"</u>
Set at		<u>265'</u>	<u>4419'</u>		Set at <u>4243'</u>
Cement Top		<u>0</u>	<u>4009'</u>		Type <u>Saltite</u>
* Bottom		<u>265'</u>	<u>4419'</u>		
DV/SP #	<u>1685 to 710' cut frontop down</u>			ID (and plug back) <u>4420</u>	ft. depth
Packer type	<u>Baker AD-1</u>			Size <u>2.38" X 5.5"</u>	Set at <u>4243'</u>
Zone of Injection	<u>Cherokee</u>			ft. to ft. <u>4277-96</u>	Perf. or open hole <u>perf</u>

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

Time: Start 0 Min. 15 Min. 30 Min.
I
E Pressures: 380 380 380 Set up 1 System Pres. during test 0
L Set up 2 Annular Pres. during test 380
D Set up 3 Fluid loss during test 0 psi
T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with a packer
Test Date 11-19-09 Using Chayenne Oil Company's Equipment
The operator hereby certifies that the zone between 0 feet and 4243 feet
was the zone tested Jammy Blake Signature Title

The results were Satisfactory Marginal Not Satisfactory
State Agent Mukul J. Meera Title Put II Witness: Yes No
REMARKS: Sys tested - nothing done to well since last test - Backside was full - well is not being used.

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

COPY
KOC Form U-1 6/84

[Handwritten signature]