



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

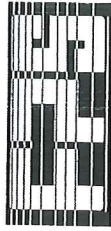
UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

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



FISHER PRODUCTION SERVICES, INC.

P.O. Box 3831 ♦ Enid, OK 73702-3831
Phone (580) 234-7538 ♦ Toll free 1-800-848-5759 ♦ Fax (580) 234-7570
Email: sales@fisherproduction.com ♦ www.fisherproduction.com

FLUID LEVEL REPORT

WELL DATA

COMPANY: SandRidge Energy, Inc. NO. TBG. JTS.:
LEASE: Lousch "B" #1 CSG. SIZE: " AVG. JT. LENGTH: 31.7' approx.
STATE: KS CSG. DEPTH: ' TBG. SIZE: " TBG. DEPTH: ' TBG. ANCHOR: '
COUNTY: Comanche T.D.: ' LOCATION: Sec. 6-33S-18W, Comanche Co. KS. Hwy. 160 & Hwy. 1 Jct. (S of Coldwater KS.), 1 N, E in (SW of Lousch "A" #1).

DATE	NO. TBG. JTS. TO FLUID	DEPTH TO FLUID	REMARKS
3-20-14	163.9	5196'	Well shut in. C.P. 217 psig.

THE MOST TRUSTED NAME IN WELL TESTING AND SLICKLINE SERVICE SINCE 1968
Slickline Services ♦ Measuring Surveys ♦ Fishing ♦ Setting ♦ Broaching ♦ Perforate Tubing ♦ Plugs ♦ Shift Sleeves
Electronic BHP Surveys ♦ Pressure Gradients ♦ Temperature Surveys ♦ Fluid Levels ♦ Dynamometers ♦ Plunger Lift Sales & Service