



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

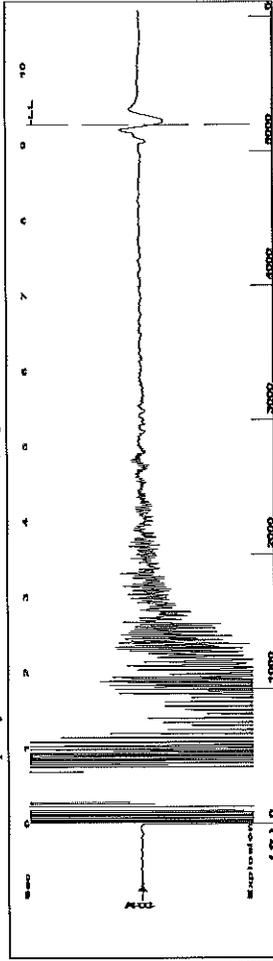
Submitted Electronically

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: _____					

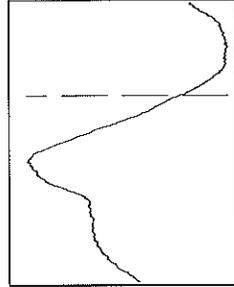
Mail to the Appropriate KCC Conservation Office:

	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

Group: MyWells Well: MLP Black 4-2 (acquired on: 03/17/14 13:27:34)



Time 9.276 sec
 Joints 163.866 Jts
 Depth 5194.56 ft



Liquid level calculated with
 user supplied Acoustic Velocity

Acoustic Velocity 1120 ft/s

Analysis Method: Acoustic Velocity

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Production Current	Potential	Casing Pressure	Producing
Oil - *	- * - BBL/D	4319.4 psi (g)	Annular
Water - *	- * - BBL/D	Casing Pressure Buildup	Gas Flow
Gas - *	- * - Mscf/D	617.3 psi	57445 Mscf/D
		0.50 min	% Liquid
IPR Method	Vogel	Gas/Liquid Interface Pressure	19 %
PBHP/SBHP	- * -	4932.7 psi (g)	
Production Efficiency	0.0	Liquid Level Depth	
Oil 40 deg.API		5194.56 ft	
Water 1.05 Sp.Gr.H2O		Pump Intake Depth	
Gas 0.70 Sp.Gr.AIR		5389.00 ft	
Acoustic Velocity	1120 ft/s	Formation Depth	
		5381.00 ft	
Formation Submergence			
Total Gaseous Liquid Column HT (TVD)	194 ft		
Equivalent Gas Free Liquid HT (TVD)	43 ft		
Acoustic Test			

Pump Intake 4941.9 psi (g)
 Producing BHP 4940.1 psi (g)
 Static BHP - * - psi (g)

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NO PRESSURE DATA AVAILABLE

Change in Pressure 617.32 psi NONE Range
 Change in Time 0.50 min 0 - ? psi

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Entered Acoustic Velocity for Liquid Level depth determination