



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 ☐ WGS84County: _____ 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 ☐ NoDepth 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: _____

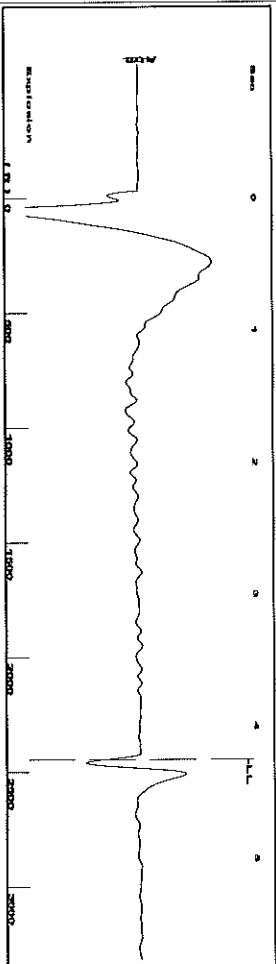
Review Completed by: _____ Comments: _____

TA Approved: ☐ Yes ☐ Denied Date: _____

Mail to the Appropriate KCC Conservation Office:

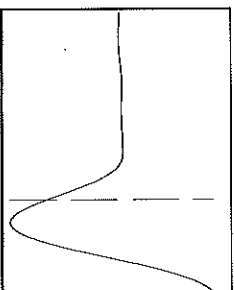
	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
	KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.630.4000
	KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720	Phone 620.432.2300
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550

Group: MyWells Well: bear 1-18 (acquired on: 03/14/14 12:55:49)



Liquid level calculated with
user supplied Acoustic Velocity

Acoustic Velocity 1150 ft/s



Analysis Method: Acoustic Velocity

Group: MyWells Well: bear 1-18 (acquired on: 03/14/14 12:55:49)

Production	Potential	Casing Pressure	Producing
Current	- * -	0.0 psi (g)	Annular
Oil	- * -	- * - BBL/D	Gas Flow
Water	- * -	- * - BBL/D	0 Misc/D
Gas	- * -	- * - Misc/D	% Liquid
IPR Method	Vogel	Gas/Liquid Interface Pressure	100 %
PBHP/SBHP	- * -	1.1 psi (g)	
Production Efficiency	0.0		
Oil	40 deg API	Liquid Level Depth	
Water	1.05 Sp.Gr.H2O	2445.47 ft	
Gas	0.85 Sp.Gr.AIR	Pump Intake Depth	
Acoustic Velocity	1150 ft/s	Formation Depth	
	2666.00 ft		
Formation Submergence			
Total Gaseous Liquid Column HT (TVD)	221 ft		
Equivalent Gas Free Liquid HT (TVD)	221 ft		
Acoustic Test			

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NO PRESSURE DATA AVAILABLE

Change in Pressure 0.00 psi NONE
Change in Time 0.00 min Range 0 - ? psi

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Entered Acoustic Velocity for Liquid Level depth determination