



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:

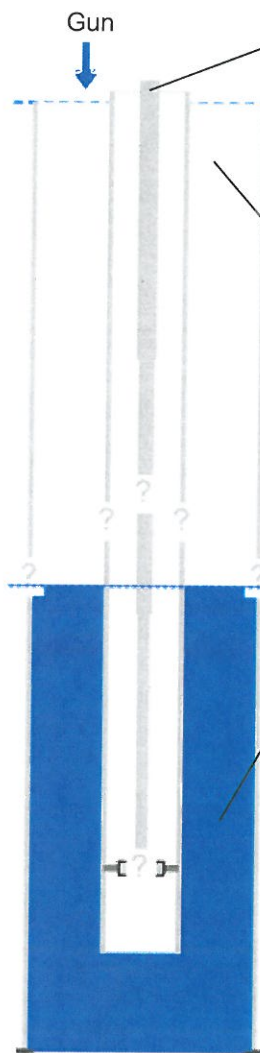
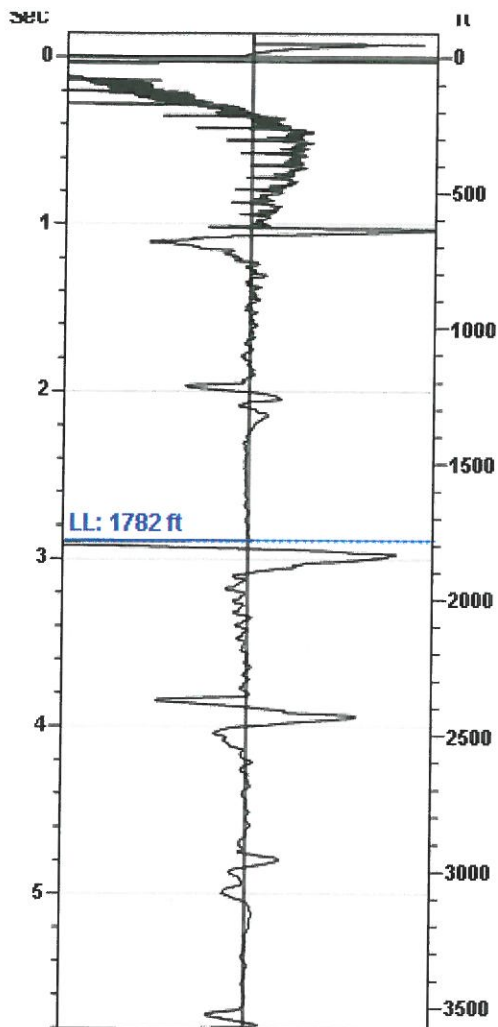
	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
	KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.630.4000
	KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720	Phone 620.432.2300
	KCC District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

Liquid Level

1782 ft

Fluid Above Pump
Gas Free Above Pump

** ft
** ft



Production

Date Entered	05/22/14		
	Current	Potential	
Oil	**	**	BBL/D
Water	**	**	BBL/D
Gas	**	**	Mscf/D
IPR Method	Vogel		
Producing Efficiency	0.00%		

Casing Pressure

Pressure 0.1 psi (g)

Annular Gas Flow

Gas Flow ** Mscf/D

Fluid Properties

% Liquid Above Pump 100.00%
% Liquid Below Pump **

Wellbore Pressures

PIP **
PBHP **
SBHP **
Gas/Liq Interface **

Depths

Pump Intake Depth 0 ft
Formation Depth 3500 ft

Sensor Serial No.

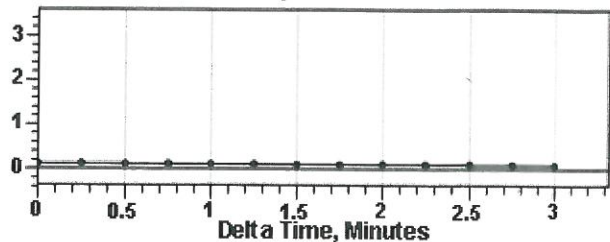
CG 316

Acoustic Velocity

Acoustic Velocity 1233 ft/s
Joints Per Sec. 19.45 Jts/sec
Joints To Liquid 56.22 Jts
Gas Gravity 0.7832 Air = 1

Entered From Known Acoustic Velocity

Casing Pressure Buildup



Casing Pressure 0.1 psi (g)
Buildup -0.0 psi (g)
Buildup Time 3 min 0 sec
Gas Gravity 0.7832 Air = 1

Comments and Recommendations

CASING 50 - Acoustic Test

Echometer Company
5001 Ditto Lane
Wichita Falls, TX 76302
(940) 767-4334
info@echometer.com

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
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

June 02, 2014

•Reiner Klawiter
KC Resources, Inc. dba Crystal River
P. O. BOX 6749
SNOWMASS VILLAGE, CO 81615

Re: Temporary Abandonment
API 15-151-10081-00-00
CUNNINGHAM UNIT B 2-35
SW/4 Sec.25-27S-11W
Pratt County, Kansas

Dear •Reiner Klawiter:

"Your temporary abandonment (TA) application for the well listed above has been approved. In accordance with K.A.R. 82-3-111 the TA status of this well will expire 06/02/2015.

- * If you return this well to service or plug it, please notify the District Office.
- * If you sell this well you are required to file a Transfer of Operator form, T-1.
- * If the well will remain temporarily abandoned, you must submit a new TA application, CP-111, before 06/02/2015.

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

Very truly yours,

Steve Pfeifer"