



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 # E09151

Disposal Well Enhanced Recovery:
Repressuring
Flood
Tertiary

SW NE SE, Sec 36, T 18 S, R 11 W

1637 Feet from South Section Line
993 Feet from East Section Line

Date injection started _____
API # 15-009-07290-00-00

Lease Mary Ida (Oil) Well # 1
County Barton

Operator: D.S. Langston Operator License # 30525
Name & Address 310 W Central Ste 202 Contact Person D Langston
Wichita, KS 67202-1002 Phone 620-786-0874

KCC
JUN 22 2010
HAYS, KS

Max. Auth. Injection Press. _____ Psi; Max Inj. Rate _____ bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____
Conductor _____ Surface 8 5/8 Production 5 1/2 Liner _____ Tubing _____
Size _____ Set at 313 _____ 3307 _____ Set at _____
Cement Top _____ _____ _____ Type _____
" Bottom _____ _____ _____
DV/Perf. _____ TD (and plug back) 3167 CIBP 2800' ft. depth
Packer type _____ Size _____ Set at _____
Zone of injection 2968 ft. to ft. 3142 Perf or open hole _____

Type MIT: Pressure: Radioactive Tracer Survey: Temperature Survey:

F Time: Start 0 Min. 15 Min. 30 Min.
E Pressures: 320 320 320 Set up 1 System Pres. during test _____
L _____ Set up 2 Annular Pres. during test _____
D _____ Set up 3 Fluid loss during test _____ bbls.
A _____

Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone in shut in with _____
Test Date 6/18/10 Using Outlaw Tank Service Company's Equipment

The operator hereby certifies that the zone between _____ feet and _____ feet
was the zone tested D.S. Langston Indep. OTO Oper.
Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

PASSED

State Agent: Bruce Rodie Title: P.T.R.T. III Witness: YES _____ NO _____

REMARKS: Perfs sanded off

Origin. Conservation Div.: KDHE/T: Dist. Office

Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)

GPS Lat 38.43920 GPS Long 98.48407

(If YES please describe in REMARKS)

Conservation Division
District Office No. 4
2301 E. 13th Street
Hays, KS 67601-2651



Phone: 785-625-0550
Fax: 785-625-0564
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

June 12, 2014

DS LANGSTON
Langston, D. S.
310 W CENTRAL STE 202
WICHITA, KS 67202-1004

Re: Temporary Abandonment
API 15-009-07290-00-00
DOLL 2
SE/4 Sec.36-18S-11W
Barton County, Kansas

Dear DS LANGSTON:

"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 06/12/2015.

- * 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 06/12/2015.

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

Very truly yours,

RICHARD WILLIAMS"