



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

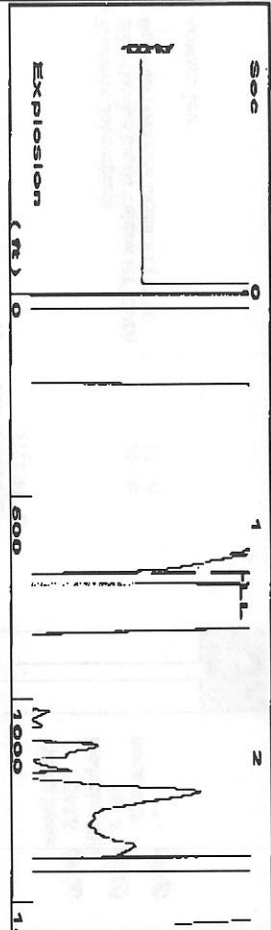
UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

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



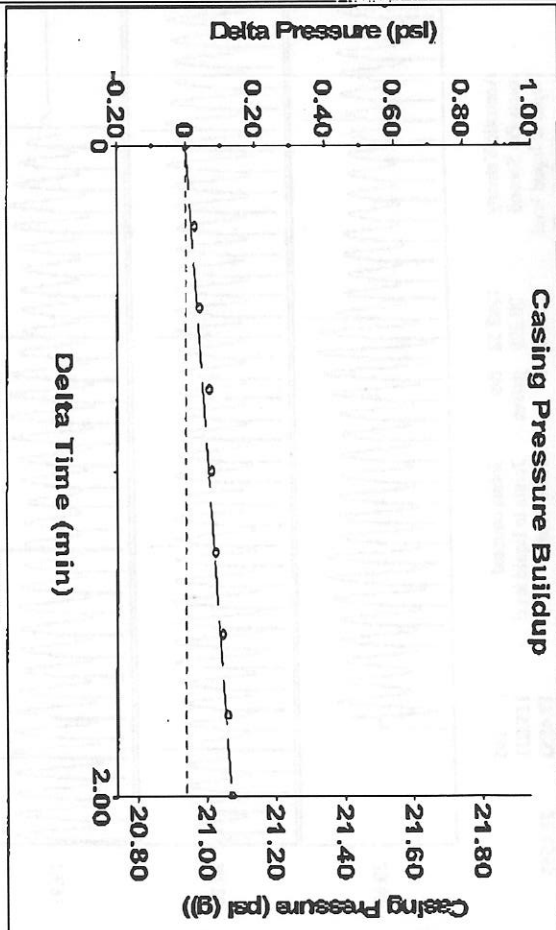
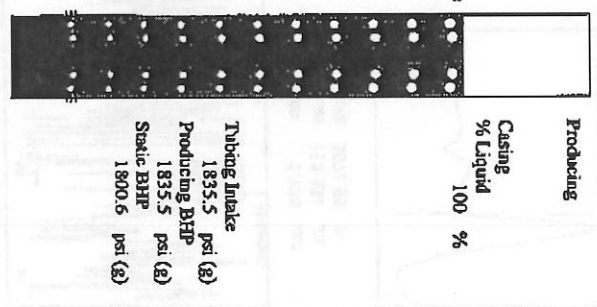
Time 1.201 sec
 Points 21.7847 J/s
 Depth 690.58 ft

Liquid Level calculated with
 user supplied Acoustic Velocity
 Acoustic Velocity 1150 ft/s

Analysis Method: Acoustic Velocity

Group: Pratt Well Service, Inc Well: Thorpe#2 (acquired on: 07/11/14 11:35:25)

Production Current	Potential	Casing Pressure	Producing
Oil - - -	- - - BBL/D	20.9 psi (g)	Casing % Liquid
Water - - -	- - - BBL/D	Casing Pressure Buildup	100 %
Gas - - -	- - - Mscf/D	0.1 psi	
		2.00 min	
PR Method PBHP/SBHP	Veget - - -	Gas/Liquid Interface Pressure	
Production Efficiency	0.0	21.7 psi (g)	
Oil 40 deg API		Liquid Level Depth	
Water 1.05 Sp.Gr.H2O		690.58 ft	
Gas 0.85 Sp.Gr.AIR		Tubing Intake Depth	
Acoustic Velocity	1150 ft/s	4680.00 ft	
		Formation Depth	
		4680.00 ft	
Formation Submergence			
Total Gaseous Liquid Column HT (TVD)			
Equivalent Gas Free Liquid HT (TVD)			
Acoustic Test			



Change in Pressure 0.13 psi PT 4184
 Change in Time 2.00 min Range 0 - 7 psi

Group: Pratt Well Service, Inc Well: Thorpe#2 (acquired on: 07/11/14 11:35:25)

Entered Acoustic Velocity for Liquid Level depth determination

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

July 16, 2014

Kenneth C. Gates
Pratt Well Service, Inc.
PO BOX 847
PRATT, KS 67124-0847

Re: Temporary Abandonment
API 15-097-21292-00-00
THORPE 2
SE/4 Sec.24-28S-16W
Kiowa County, Kansas

Dear Kenneth C. Gates:

"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 07/16/2015.

- * 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 07/16/2015.

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

Very truly yours,

Michael Maier"