



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

CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

Repressuring
 Flood
 Tertiary

Date injection started _____
 API #15 - 129 - 20730-00-00

DOCKET # E-23,270

SE SW NW, Sec 18, T 33 S, R 40 E/W

3080 (3118) Feet from South Section Line
4450 (4330) Feet from East Section Line

Lease SANTA FE TRAIL B Well # 198
 County MORTON

Operator: WYNN-CROSBY OPERATING, LTD. Operator License # 34924
 Name & Address 14241 DALLAS PKWY, STE 300 Contact Person JOSE VELEZ
DALLAS TX 75254 Phone (972) 354-1367

Max. Auth. Injection Press. 1500 psi; Max. Inj. Rate 1500 bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____

Conductor	Surface	Production	Liner	Size	Tubing
	<u>8 5/8"</u>	<u>5 1/2"</u>		<u>2 3/8"</u>	
Set at	<u>1518'</u>	<u>5356</u>		Set at	<u>5084'</u>
Cement Top	<u>0</u>	<u>4100</u>		Type	<u>IPC</u>
" Bottom	<u>1518'</u>	<u>5356</u>			
DV/Perf.		TD (and plug back)	<u>5360 (5356)</u>		ft. depth
Packer type	<u>RAKER LOC SET</u>	Size	<u>2 3/8" x 5 1/2"</u>	Set at	<u>5084</u>
Zone of injection	<u>MORROW</u>	ft. to ft.	<u>5215-25</u>	Perf. or open hole	<u>PERF</u>

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.
 I
 E Pressures: 350 350 350 Set up 1 | System Pres. during test 0
 L Set up 2 | Annular Pres. during test 350
 D Set up 3 | Fluid loss during test 0 bbls.
 D
 A Tested: Casing or Casing - Tubing Annulus
 A

The bottom of the tested zone is shut in with A PACKER

Test Date 7/2/14 Using NICHOLS FLUID SERVICE Company's Equipment

The operator hereby certifies that the zone between 0 feet and 5084 feet

was the zone tested [Signature] Signature Title

The results were Satisfactory , Marginal , Not Satisfactory

State Agent KENNY SULLIVAN Title PERT # Witness: Yes No

REMARKS: 5-YEAR RETEST

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

Computer Update

RECEIVED
 GPS entered
 JUL 14 2014

37.17937
 -101.71579

7/15/14
 SCANNED

KCC Form U-7 6/84

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

September 04, 2014

Jose L. Velez
Wynn-Crosby Operating, Ltd.
14241 DALLAS PKWY, STE 800
DALLAS, TX 75254

Re: Temporary Abandonment
API 15-129-20730-00-00
SANTA FE UNIT 1-9
NW/4 Sec.18-33S-40W
Morton County, Kansas

Dear Jose L. Velez:

"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 09/04/2015.

- * 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 09/04/2015.

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

Very truly yours,

Michael Maier"