



**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

<b>Do NOT Write in This Space - KCC USE ONLY</b>	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# E-09,1510008

Disposal Well  Enhanced Recovery:   
 TA # 4-004,032 Repressuring   
 Flood   
 Tertiary

SWNESE, Sec 36, T 18 S,R 11 W

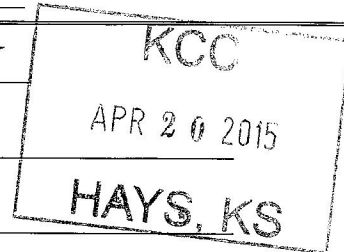
1674 Feet from South Section Line  
1082 Feet from East Section Line

Date injection started \_\_\_\_\_  
 API # 15-009-07290-00-00

Lease Oll Well # 2  
 County Barton

Operator: Langston, DS  
 Name & Address 310w Central STE 202  
Wichita, KS 67202

Operator License# 30525  
 Contact Person \_\_\_\_\_  
 Phone \_\_\_\_\_



Max. Auth. Injection Press 1000 Psi; Max Inj. Rate 1000 bbl/d;

If Dual Completion - Injection above production \_\_\_\_\_ Injection below production \_\_\_\_\_

	Conductor	Surface	Production	Liner	Tubing
Size		<u>8"</u>	<u>5 1/2</u>		Size
Set at		<u>313'</u>	<u>3307'</u>		Set at
Cement Top		<u>0 w/ 150sx</u>	<u>2500 w/ 200sx</u>		Type
" Bottom		<u>313'</u>	<u>3307'</u>		
DV/Perf.					ft. depth
Packer type					
Zone of injection					

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

F Time: Start 0 Min 15 Min 30 Min

I Pressures: 300 300 300 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  \* Retest in 3 years \* TA'd DD

The bottom of the tested zone in shut in with CIBP 3173' + 2800'

Test Date 4/6/15 Using Outlaw Tank Service Company's Equipment

The operator hereby certifies that the zone between 0 feet and 2800' feet

was the zone tested Luke D. Hyber  
 Signature

**PASSED**

The results were Satisfactory  Marginal \_\_\_\_\_ Not Satisfactory \_\_\_\_\_  
 State Agent: Bruce Rodie Title: PIRT II Witness: YES  NO \_\_\_\_\_

REMARKS: Bottom is sanded off. Well not in Use

KCC Origin. Conservation Div.:  KDHE/T:  4 Dist. Office  
 Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)

GPS Lat 38.43921 GPS Long 098.48406 (If YES please describe in REMARKS)  
 KCC Form U-7

1641 F.S.L. 990 F.E.L.

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

May 22, 2015

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 05/22/2016.

- \* 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 05/22/2016.

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

Very truly yours,

RICHARD WILLIAMS"