



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



Eagle Energy Resources, LLC
153 S. Broadway St.
La Porte, TX 77571

Phone: (281) 471-2288
Fax: (281) 471-2281

June 25, 2015

Kansas Corporation Commission
Conservation Division
District Office No. 2
3450 N. Rock Road
Building 600, Suite 601
Wichita, KS 67226

Re: Temporary Abandonment
API 15-127-20287-00-01
MIT Report
Kurtenbach #1 SWD, Permit # D-19686

Attn: Jonathan Hill

Per your request after our conversation and receiving the Temporary Abandonment denial letter, I have found and attached a copy of the Mechanical Integrity Test for the Kurtenbach #1 SWD which was performed and witnessed 2/17/2015 by a State Agent. I have corrected the fluid level test accordingly for the current TA application. If you should have any questions, please give me a call at 281-471-2288 x305 or my cell at 713-868-1770. You can also email me at kmacivor@eagleenergy.us.

Sincerely,

Keith MacIvor
Vice President

NORTH OF Hwy 56 Behind T.B.

.GPS.
38.6651°
-96.85767°

DOCKET # D-19686

CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

Repressuring
 Flood
 Tertiary

Date injection started _____
 API #15 -127 -20287-00-01

NE NE NE , Sec 15 , T 16 S. R S 0

4950 Feet from South Section Line
330 Feet from East Section Line

Lease MURKEMBROUGH Well # 1
 County _____

Operator: Eagle Energy Resources
 Name & Address 1909 MARVIN GRO BLA
SEABROOK TX 77586-2813

Operator License # 34792
 Contact Person SKY STEVENS
 Phone 620-767-2461

Max. Auth. Injection Press.	psi	Max. Inj. Rate	bbl/d;		
Injection above production			Injection below production		
Conductor	Surface	Production	Liner	Size	Tubing
Size	<u>8 3/8</u>	<u>5 1/2</u>			<u>2 3/8</u>
Set at	<u>200'</u>	<u>2260'</u>		Set at	<u>1600'</u>
Cement Top	<u>0</u>	<u>1340'</u>		Type	<u>Packard</u>
" Bottom	<u>200'</u>	<u>2260'</u>			
DV/Perf.		TD (and plug back)		Set at	<u>1600</u>
Packer type <u>Baker</u>		Size <u>2 3/8 x 5 1/2</u>		Perf. or open hole	<u>POCF</u>
Zone of injection <u>1600' Deep Sand</u>	ft. to ft. <u>1650</u>				

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.

Pressures: <u>105#</u>	<u>105#</u>	<u>105#</u>	Set up 1	System Pres. during test <u>0</u>
			Set up 2	Annular Pres. during test <u>105#</u>
			Set up 3	Fluid loss during test <u>0</u> bbls.

Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with Packer

Test Date 2/17/15 Using SCOTT'S WELL SERVICE Company's Equipment

The operator hereby certifies that the zone between 0 feet and 1600' feet was the zone tested.

Signature [Signature] Title _____

The results were Satisfactory , Marginal _____ , Not Satisfactory _____

State Agent [Signature] Title PART II Witness: Yes _____ No _____

REMARKS: TREATED WATER ON BACKSIDE

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

Computer Update

RCC Form U-7 5/8'

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-111
June 2011
Form must be Typed
Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

OPERATOR: License# 34792
Name: Eagle Energy Resources LLC
Address 1: 153 S. Broadway St.
Address 2: _____
City: La Porte State: TX Zip: 77571 + _____
Contact Person: Teri Goebel
Phone: (281) 471-2288
Contact Person Email: tgoebel@eagleenergy.us
Field Contact Person: _____
Field Contact Person Phone: (_____) _____

API No. 15- 15-127-20287-00-01
Spot Description: _____
NE NE.NE Sec. 15 Twp. 16 S. R. 5 E W
4950 feet from N / S Line of Section
330 feet from E / W Line of Section
GPS Location: Lat: _____, Long: _____
Datum: NAD27 NAD83 WGS84
County: Morris Elevation: _____ GL KB
Lease Name: KURTENBACH Well #: 1
Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: D19686.0 ENHR Permit #: _____
 Gas Storage Permit #: _____
Spud Date: 08/22/1978 Date Shut-In: 12/01/2006

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	0	8.625	4.5	0	0	0
Setting Depth	0	180	2250	0	0	0
Amount of Cement	0	125	120	0	0	0
Top of Cement	0	0	0	0	0	0
Bottom of Cement	0	180	2250	0	0	0

Casing Fluid Level from Surface: 0 How Determined? Mechanical Integrity Test Date: 2/17/2015
Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
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
Packer Type: _____ Size: _____ Inch Set at: _____ Feet
Total Depth: 2300 Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

Formation Name MISSISSIPPI Formation Top _____ Formation Base _____ Completion Information
1. At: _____ to _____ Feet Perforation Interval 2190 to 2199 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.

Date: _____ Signature: _____ Title: _____

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: _____				

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Conservation Division
District Office No. 2
3450 N. Rock Road
Building 600, Suite 601
Wichita, KS 67226



Phone: 316-630-4000
Fax: 316-630-4005
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

July 01, 2015

Teri Goebel
Eagle Energy Resources LLC
153 S. Broadway St.
La Porte, TX 77571

Re: Temporary Abandonment
API 15-127-20287-00-01
KURTENBACH 1
NE/4 Sec.15-16S-05E
Morris County, Kansas

Dear Teri Goebel:

"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 07/01/2016.

- * 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 07/01/2016.

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

Very truly yours,

Jonathan Hill"