



# 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

<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 # 0-27949

Disposal  Enhanced Recovery:

SW - NW - SW Sec 36, T 33 S, R 20 E

Repressuring   
Flood   
Tertiary

1904 (1990) Feet from South Section Line  
4678 (4630) Feet from East Section Line

Date injection started \_\_\_\_\_  
API #15 - 033-20422-00-02

Lease Baker Well # 2  
County Comanche

Operator: Hess Oil Company  
Name &  
Address P.O. Box 1009

Operator License # 5663  
Contact Person Bryan Hess

McPherson, KS 67460-1009 Phone 620-241-4640

Max. Auth. Injection Press. 0 (vac) psi; Max. Inj. Rate 1500 (35) bbl/d;  
If Dual Completion - Injection above production \_\_\_\_\_ Injection below production \_\_\_\_\_

Conductor	Surface	Production	Liner	Size	Tubing
Size _____	<u>8 7/8"</u>	<u>5 1/2"</u>	_____	Size <u>2 3/8"</u>	_____
Set at _____	<u>653'</u>	<u>5080'</u>	_____	Set at <u>4401'</u>	_____
Cement Top _____	<u>0</u>	<u>4240</u>	_____	Type <u>Sealtite</u>	_____
" Bottom _____	<u>653'</u>	<u>5080</u>	_____	_____	_____
DV/Perf. _____	_____	_____	_____	_____	_____
Packer type <u>Baker model R</u>	_____	_____	_____	_____	_____
Zone of injection <u>LKC</u> ft. to ft. <u>4424 - 4430</u>	_____	_____	_____	_____	_____

TD (and plug back) 5900 (5080) ft. depth  
Size 5 1/2" x 2 3/8" Set at 4401'  
Perf. or open hole perf

Type Mit: Pressure  Radioactive Tracer Survey  Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.  
I  
E Pressures: 310 # 305 # 302 # Set up 1 | System Pres. during test 0  
L  
D \_\_\_\_\_ Set up 2 | Annular Pres. during test 310-302  
D  
A \_\_\_\_\_ Set up 3 | Fluid loss during test 0 bbls.  
T Tested: Casing  or Casing - Tubing Annulus   
A

The bottom of the tested zone is shut in with a packer

Test Date 11/3/11 Using Clarke Corporation Company's Equipment

The operator hereby certifies that the zone between 0 feet and 4401 feet  
was the zone tested Bryan Hess Signature Pumper Title

The results were Satisfactory , Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_  
State Agent Eric MacLaren Title PIRT II Witness: Yes  No \_\_\_\_\_  
REMARKS: Retest in 5 years.

Origin. Conservation Div.;  KDHE/T;  Dist. Office;  
 Computer Update GPS - 37.12529°N, 99.44975°W KCC Form U-7 5/84

GPS entered

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

August 11, 2015

Wanda Ledbetter  
SandRidge Exploration and Production LLC  
123 ROBERT S. KERR AVE  
OKLAHOMA CITY, OK 73102-6406

Re: Temporary Abandonment  
API 15-033-20422-00-02  
BAKER 2  
SW/4 Sec.36-33S-20W  
Comanche County, Kansas

Dear Wanda Ledbetter:

"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 08/11/2016.

- \* 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 08/11/2016.

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

Very truly yours,

mmaier"