



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

CASING MECHANICAL INTEGRITY TEST

BOOKET# E-06103.9

Disposal Well Enhanced Recovery:

Repressuring
Flood
Tertiary

NW 5W 4E, Sec 23, T 26 S, R 14 BW

DW-48

3905' Feet from South Section Line

Surface

2600' Feet from East Section Line

Date injection started 201-25-195

Lease Kauker Well # 5-A
County Waukon

Operator: Golt Energy Inc.

Operator License#: 5150

Name & Address D.O. Box 388

Contact Person Dennis Kershner

Take HS 466749

Phone 620-365-3111

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

If Dual Completion - Injection above production _____ Injection below production _____

Conductor _____

Surface 6 5/8" Production 2 Liner _____

Tubing _____

Size _____

Set at _____

Size _____

Set at _____

Cement Top _____

Set at _____

Size _____

Set at _____

" Bottom _____

Set at _____

Size _____

Set at _____

DV/Perf. _____

TD (and plug back) _____

ft. depth _____

Packer type _____

Size _____

Set at _____

Zone of injection _____

ft. to ft. _____

Temperature Survey: _____

Type MIT: _____

Pressure: _____

Radioactive Tracer Survey: _____

Temperature Survey: _____

F Time: Start 20 Min 40 Min 60 Min

I Pressures: 260 240 240 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

The bottom of the tested zone in shut in with _____

fluid depression test

Test Date 2/11/2015 Using Midwest Services Company's Equipment _____

The operator hereby certifies that the zone between _____ feet and _____ feet

was the zone tested _____ Signature David N. K... Title Contractor

The results were Satisfactory _____ Marginal _____ Not Satisfactory 2

State Agent: _____ Title: _____ Witness: YES _____ NO _____

REMARKS: F1 was 50' down from surface 1205'-50' = 1153' x .43 = 496'

Origin. Conservation Div.: _____ KDHE/T: _____ Dist. Office _____

Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)

GPS Lat _____ GPS Long _____

Conservation Division
District Office No. 3
1500 W. Seventh
Chanute, KS 66720



Phone: 620-432-2300
Fax: 620-432-2309
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

October 06, 2015

BETH WILSON
Colt Energy Inc
PO BOX 388
IOLA, KS 66749-0388

Re: Temporary Abandonment
API 15-207-25195-00-00
LAUBER 5 A
NE/4 Sec.23-26S-14E
Woodson County, Kansas

Dear BETH WILSON:

"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 10/06/2016.

- * 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 10/06/2016.

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

Very truly yours,

Mike Heffern"