



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

RECEIVED

NOV 20 2012

DOCKET # D-31390

CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

Repressuring
Flood
Tertiary

Date injection started _____
API #15 -057 -20829-00-00

NW NE NE Sec 16, T 27 S, R 21 E/W

4989 (5019) Feet from South Section Line
679 (960) Feet from East Section Line

Lease JACKSON 2721 Well # 1-11 SWD
County FORO

Operator: Sandridge Exploration & Production LLC

Operator License # 3419Z

Name & Address 123 ROBERT S. KERR AVE

Contact Person WANDA LEDBETTER

OKLAHOMA CITY, OK 73102

Phone (405) 429-6474

Max. Auth. Injection Press. 1200 psi; Max. Inj. Rate 40,000 bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Size	<u>20"</u>	<u>9 5/8"</u>	<u>7"</u>	_____	<u>4 1/2</u>	_____
Set at	<u>110'</u>	<u>1184'</u>	<u>5584'</u>	_____	Set at <u>5560'</u>	<u>5560'</u>
Cement Top	<u>0</u>	<u>0</u>	<u>3646'</u>	_____	Type	<u>IBS-1PC</u>
" Bottom	<u>110'</u>	<u>1184'</u>	<u>5584'</u>	_____		

DV/Perf. _____ TD (and plug back) 10356 ft. depth
 Packer type AG-1 X Size 7" x 3 1/2" Set at 5560
 Zone of injection ARBUCKLE ft. to ft. 5584-6356 Perf. or open hole OH

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

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

I Pressures: 400 406 400 Set up 1 System Pres. during test 0
 L Set up 2 Annular Pres. during test 400
 D Set up 3 Fluid loss during test 0 bbls.

A Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with NO PACKER

Test Date 11/5/12 Using HEAT WAVES Company's Equipment

The operator hereby certifies that the zone between 0 feet and 5560 feet

was the zone tested Cory Stuckey Signature Producton Foreman Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Kenny Sullivan Title PRT II Witness: Yes No _____

REMARKS: INITIAL TEST, 5-YEAR RETEST
Scanned to Rene Stucky 11/12/12

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

37.71684
99.58044

KCC Form U-7 6/84

aps entered

RAW

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/>

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

Sam Brownback, Governor

August 09, 2016

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

Re: Temporary Abandonment
API 15-057-20829-00-01
JACKSON SWD 2721 1-11
NE/4 Sec.11-27S-21W
Ford 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 08/09/2017.

- * 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 08/09/2017.

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

Very truly yours,

Michael Maier"