



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

DOCKET # 0-20,175

Disposal Enhanced Recovery:

Repressuring
Flood
Tertiary

Date injection started _____
API #15 - 033 - 20356 - 00 - 01

NE, Sec 5, T 33 S, R 19 W

4644 (4635) Feet from South Section Line
696 (648) Feet from East Section Line

Lease Tellison Well # 2-5
County Comanche

Operator: Trans Pacific Oil Corporation
Name & Address 100 S. Main, Ste. 200
Wichita, KS, 67202-3735

Operator License # 9408
Contact Person Gary Sharp
Phone 316-262-3596

RECEIVED
OCT 09 2012

KCC WICHITA

Max. Auth. Injection Press. 1000 psi; Max. Inj. Rate 450 bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner		Tubing
Size		<u>8 7/8"</u>	<u>4 1/2"</u>		Size	<u>2 3/8"</u>
Set at		<u>1041'</u>	<u>4524'</u>		Set at	<u>4331'</u>
Cement Top		<u>0</u>	<u>2800'</u>		Type	<u>Annular</u>
" Bottom		<u>1041'</u>	<u>4524'</u>			
DV/Perf.					TD (and plug back)	<u>5327 (4461)</u> ft. depth
Packer type	<u>Baker Locret</u>				Size	<u>4 1/2" x 2 7/8"</u> Set at <u>4331'</u>
Zone of injection	<u>Lansing</u>	ft. to ft.	<u>4400-4441'</u>		Perf. or open hole	<u>None</u>

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

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

I Pressures: 3104 300# 300# Set up 1 System Pres. during test 0
L Set up 2 Annular Pres. during test 3104
D Set up 3 Fluid loss during test 0 bbls.

D Tested: Casing or Casing - Tubing Annulus

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

Test Date 9/19/12 Using Great Plains Fluid Service, Inc. Company's Equipment

The operator hereby certifies that the zone between 0 feet and 4331 feet

was the zone tested Mat of Buckets
Signature Title

The results were Satisfactory , Marginal , Not Satisfactory

State Agent Eric MacLaren Title PIRT # Witness: Yes No

REMARKS: Retest in 5 years. New ports @ 4398'-4423', 4432'-4464'. Packer depth same.

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

Computer Update GPS- 37.20550°N, 99.40228°W

KCC Form U-7 6/84

GPS entered

AMY

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

September 12, 2016

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

Re: Temporary Abandonment
API 15-033-20356-00-01
JELLISON 2-5
NE/4 Sec.05-33S-19W
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 09/12/2017.

- * 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 09/12/2017.

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

Very truly yours,

Michael Maier"