



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 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.337.7400
	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 # E 27130.23

Disposal Enhanced Recovery: SW SW NE Sec 9, T 23 S, R 31 E/W

Repressuring
Flood
Tertiary

(2721) Feet from South Section Line
(2718) Feet from East Section Line

Date injection started _____
API #15 -055 -21929 10-01

Lease Paul Alley Well # 1 W/W
County Finney

Operator: Petrol Services (USA) Inc
Name &
Address 6363 Woodway Ste 350
Houston, Tx 77057

Operator License # 32198
Contact Person Pete Kurey
Phone 620 275-2388

Max. Auth. Injection Press. 2000 psi; Max. Inj. Rate 2000 bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____

Size	Conductor	Surface	Production	Liner	Size	Tubing
Set at		<u>8 3/8</u>	<u>5 1/2</u>	<u>4 1/2</u>	<u>2 3/8</u>	
Cement Top		<u>506</u>	<u>4891</u>	<u>4842</u>	Set at	<u>4775</u>
" Bottom		<u>0</u>	<u>4000</u>	<u>0</u>	Type	<u>TK15 lined</u>
TD (and plug back)		<u>506</u>	<u>4891</u>	<u>4842</u>		

Perf. or open hole perf TD (and plug back) 4902 (4841) ft. depth
 Packer type Arrow set 1 Size 2 3/8 x 4 1/2 Set at 4775
 Zone of injection Marrow ft. to ft. 4802-4824

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.
 I Pressures: 390 390 390 Set up 1 System Pres. during test 250
 L Set up 2 Annular Pres. during test 390
 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 4-24-12 Using Northwest Hot Oil Svc Company's Equipment
 The operator hereby certifies that the zone between 0 feet and 4775 feet
 was the zone tested X Carlos A Lopez
 Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____
 State Agent Ken Sehtik Title S.P.T II Witness: Yes No _____
 REMARKS: MIT taken after pulling the packer to frac well.
Re-test in 5 years

Origin. Conservation Div.; KDHE/T; Dist. Office;
 GPS entered RECEIVED
 MAY - 5 2014
 NAD83 38.06851° N
100.12657° W KCC DODGE CITY
 COPY SCANNED KCC Form U-7 6/84

January 24, 2017

Liliana Hernandez
PetroSantander (USA) Inc.
6363 WOODWAY DR STE350
HOUSTON, TX 77057-1798

Re: Temporary Abandonment
API 15-055-21729-00-02
PAULS ALLEY 1
NE/4 Sec.09-23S-31W
Finney County, Kansas

Dear Liliana Hernandez:

"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 01/24/2018.

- * 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 01/24/2018.

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

Very truly yours,

Michael Maier"