

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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: \_\_\_\_\_
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: \_\_\_\_\_

Table with 7 columns: Conductor, Surface, Production, Intermediate, Liner, Tubing. Rows include 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: \_\_\_\_\_
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): \_\_\_\_\_
Type Completion: ALT. I ALT. II Depth of: DV Tool: \_\_\_\_\_ w / \_\_\_\_\_ sacks of cement Port Collar: \_\_\_\_\_ w / \_\_\_\_\_ sack of cement
Packer Type: \_\_\_\_\_ Size: \_\_\_\_\_ Inch Set at: \_\_\_\_\_ Feet
Total Depth: \_\_\_\_\_ Plug Back Depth: \_\_\_\_\_ Plug Back Method: \_\_\_\_\_

Geological Data:

Table with 4 columns: Formation Name, Formation Top, Formation Base, Completion Information. Rows 1 and 2.

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: Yes Denied Date: \_\_\_\_\_

Mail to the Appropriate KCC Conservation Office:

Table with 3 columns: District Office, Address, Phone. Rows for District Office #1, #2, #3, #4.