KCC OIL/GAS REGULATORY OFFICES Date: 5-3/-/3 District: Case #: New Situation Lease Inspection Response to Request Complaint Follow-Up Field Report Operator License No: 30742 Op Name: Lalamina Defroi Spot: <u>SW NW NW Sec 16 Twp 20 S</u> Rng 34 TE / WW Feet from N/ S Line of Section Feet from E/W Line of Section GPS: Lat: Lease Name: Rocking R Farms Well #: ____
County: Scott Zin Code: 67/14-Operator Phone #: 3/6 799 - 1000 Reason for Investigation: Alternate II Cementina Problem: Persons Contacted: Findings: 8% % 220' ; 5/2 % 5014 W 195 5x TD-50120' Part Collar % 2238. Consolidated pumped 3505x 60/10 Pa 8 bgel thru port cellar. Circ 15 sx to the pit. Action/Recommendations: Follow Up Required Date: _ KCC WICHITA Alterrate II Complete JUN 06 2013 RECEIVED Photos Taken: Verification Sources:

TA Program

Courthouse

RBDMS
T-I Database
Other:

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JUN - 4 2013

KCC DODGE CITY

Photos Taken:_____

Not witnessed Form:

Date:		District:		_	I.	icense #:			
Op Name:		Spot:			Sec Twp _	S Rng_	E	W	
County:		Lease Nat	me:			Well #: _			
1.D. Sign Yes No		5	Gas V	enting [Yes No			ı	
Tank Battery Condition Condition: Good Questionable	Overflowing	9	Pia Fluid		ft; Approx.	Size:	ft. xft.		
				D'				\exists	
Pits, Injection Site Fluid Depth:ft; Approx. Size:	ft. x	ft.	H	ltwater Pij ks Visible:	ell Y N	Tested for Le	aks: Y I		
Oil Spill Evidence			Fie	owing Hole	es				
Abandoned Well Potential Pollution	ı Problem Yes	No ♥	T	A Wells					
				Monitoring Records					
Lease Cleanliness Very Good Satisfactory Po	or Uery Bad					_			
SWD/ER Injection Well Yes No		[2]	Gauge	Connecti	ons Yes N	0		12	
Permit #: Pressure – Actual:	psi; Authorize	d: psi	Tubin	g:	; T/C Annulus:	; C/SP	Annulus:		
Permit #: Pressure – Actual:_	psi; Authorized	d: psi	Tubin	g:	; T/C Annulus:	; C/SP	Annulus:		
Permit #: Pressure – Actual: psi; Authorized: psi				g:	; T/C Annulus:	; C/SP	Annulus:		
Permit #: Pressure – Actual:	psi; Authorized	d: psi	Tubin	g:	; T/C Annulus:	; C/SP	Annulus:	_	
API Footages I	Spot Location	GPS		Well#		Well Status			
			<u>-</u>						
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Form: _____