

KCC OIL/GAS REGULATORY OFFICES

Date: 07/08/13

District: 1

Case #: _____

- ☒ New Situation
☐ Response to Request
☐ Follow-Up

- ☐ Lease Inspection
☐ Complaint
☒ Field Report

Operator License No: 33993

API Well Number: 15-165-22027-00-00

Op Name: Quest Energy LLC

Spot: NW SW NE NE Sec 8 Twp 17 S Rng 19 ☐ E / ☒ W

Address 1: 2732 N Reese Rd

663 Feet from ☒ N / ☐ S Line of Section

Address 2: _____

1001 Feet from ☒ E / ☐ W Line of Section

City: Brookville

GPS: Lat: 38.59483 Long: 99.44260 Date: 7/8/13

State: KS Zip Code: 67425

Lease Name: Legleiter Well #: 1-8

Operator Phone #: (785) 283-4249

County: Rush

Reason for Investigation:

Company requested a witness to the Alternate II Cementing job.

Problem:

Alternate II cementing requirements have not been met

Persons Contacted:

Cole Dinkel w/ Quest Energy LLC

Findings:

10:00 AM

TD = 3910', 8 5/8" Surface casing set @ 220' w/? cement. 4.5 " production casing set @ 3910'?
 Opened Port Collar @ 1343'.

Quality Oil Well cementing pumped 225sx of QMDC Cement. Had good circulation throughout job but did not get cement to surface. Will run temperature log or bond log.

Action/Recommendations:

Follow Up Required ☒ Yes ☐ No ☐

Date: _____

Alteranate II Cementing requirements have not been met.

07/09/13 Ran a inconclusive temperature log. Was told to pressure surface pipe up to 500 psig with cement. Cole dinkel called back and said they had pressured the surface to 400 psig with 4 bbls of water? I don't want to perforate inside surface pipe. Need to 1" well 88' when it is plugged.

Verification Sources:

Photos Taken: 0

- | | | |
|---|---|-------------------------------------|
| <input checked="" type="checkbox"/> RBDMS | <input type="checkbox"/> KGS | <input type="checkbox"/> TA Program |
| <input type="checkbox"/> T-I Database | <input type="checkbox"/> District Files | <input type="checkbox"/> Courthouse |
| <input type="checkbox"/> Other: _____ | | |

By: Richard M. Lacey
 Richard Lacey

Retain 1 Copy District Office
 Send 1 Copy to Conservation Division

KCC WICHITA

Form: _____

JUL 18 2013

RECEIVED

AM

Date: 07/08/13

District: 1

License #: 33993

Op Name: 33993

Spot: NW SW NE NE Sec 8 Twp 17 S Rng 19 ☐ E ☒ W

County: Rush

Lease Name: Legleiter Well #: 1-8

I.D. Sign <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Tank Battery Condition Condition: <input type="checkbox"/> Good <input type="checkbox"/> Questionable <input type="checkbox"/> Overflowing	<input type="checkbox"/>
<input type="checkbox"/> Pits, Injection Site Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.	
<input type="checkbox"/> Oil Spill Evidence	
<input type="checkbox"/> Abandoned Well Potential Pollution Problem <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Lease Cleanliness <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Very Bad	<input type="checkbox"/>

Gas Venting <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Pits Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.	
<input type="checkbox"/> Saltwater Pipelines Leaks Visible: <input type="checkbox"/> Y <input type="checkbox"/> N Tested for Leaks: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Flowing Holes	
<input type="checkbox"/> TA Wells	
<input type="checkbox"/> Monitoring Records	

SWD/ER Injection Well ☐ Yes ☐ No Rush ☐

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Gauge Connections ☐ Yes ☐ No ☐

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

API Number	Footages	Spot Location	GPS	Well #	Well Status