



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: _____
 County: _____ (e.g. xx.xxxxx) _____ (e.g. -xxx.xxxxx)
 Lease Name: _____ Well #: _____
 Elevation: _____ GL KB
 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: _____ 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 _____ (depth) Tools in Hole at _____ (depth) 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
 (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

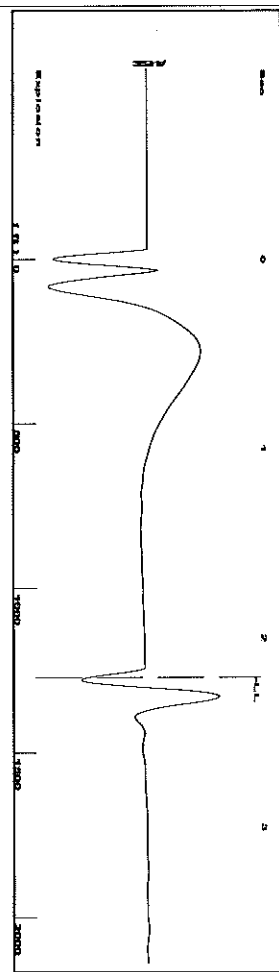
Submitted Electronically

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 <input type="checkbox"/> Denied <input type="checkbox"/>		

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 316.630.4000
	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
	Underground Porosity Gas Storage (UPGS) 8200 E. 34th Street Circle N., Suite 1003, Wichita, KS 67226	Phone 316.734.4933

Group: MyWells Well: MLP Koenig 2-28 (acquired on: 04/13/12 13:12:43)



Time 2.211 sec
 Joints 38,8191 Jts
 Depth 1271.32 ft

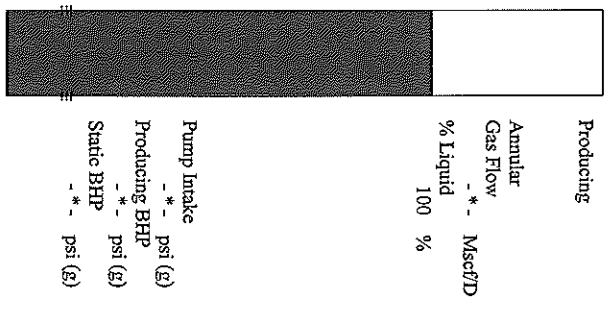
Liquid level calculated with
 user supplied Acoustic Velocity

Acoustic Velocity 1150 ft/s

Analysis Method: Acoustic Velocity

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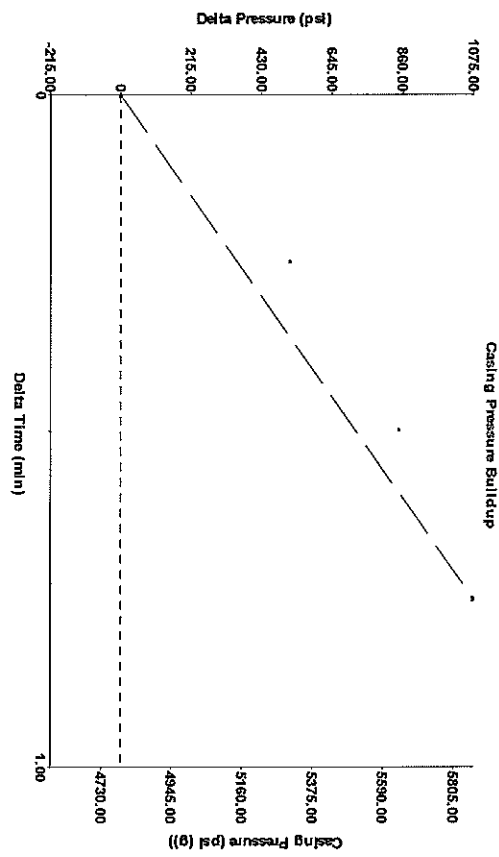
Production	Potential	Casing Pressure	Producing
Current	-*- BBL/D	4789.9 psi (g)	Annular
Oil	-*- BBL/D	Casing Pressure Buildup	Gas Flow
Water	-*- Mscf/D	1074.5 psi	-*- Mscf/D
Gas	-*-	0.75 min	% Liquid
IPR Method	Vogel	Gas/Liquid Interface Pressure	100 %
PBHP/SBHP	-*-	-*- psi (g)	
Production Efficiency	0.0	Liquid Level Depth	
		1271.32 ft	
Oil	40 deg-API		
Water	1.05 Sp.Gr:H2O	Pump Intake Depth	
Gas	0.70 Sp.Gr:AIR	5404.00 ft	
Acoustic Velocity	1150 ft/s	Formation Depth	
		5436.00 ft	



Formation Submergence
 Total Gaseous Liquid Column HT (TVD) -*- ft
 Equivalent Gas Free Liquid HT (TVL) -*- ft
 Acoustic Test

Pump Intake
 -*- psi (g)
 Producing BHP
 -*- psi (g)
 Static BHP
 -*- psi (g)

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Change in Pressure 1074.53 psi
 Change in Time 0.75 min

PT 6147
 Range 0 - ? psi

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Entered Acoustic Velocity for Liquid Level depth determination