Kansas Corporation Commission Oil & Gas Conservation Division 1035603

Form CP-111 March 2009 Form must be Typed Form must be signed All blanks must be complete

## **TEMPORARY ABANDONMENT WELL APPLICATION**

| OPERATOR: License#                               |                     |                    |                   | API No. 15-                     |                    |                            |        |           |                       |
|--|---------------------|--------------------|-------------------|---------------------------------|--------------------|----------------------------|--------|-----------|-----------------------|
| Name:  |                     |                    | Spot Description: |                                 |                    |                            |        |           |                       |
| Address 1:                                       |                     |                    |                   |                                 | Sec                | Twp S. R.                  |        | E 🗌 W     |                       |
| Address 2:                                       |                     |                    |                   |                                 |                    | feet from N /              |        |           |                       |
| City:  Zip:  +     Contact Person:      Phone:() |                     |                    |                   | feet from E / W Line of Section |                    |                            |        |           |                       |
|  |                     |                    |                   | GPS Location: Lat:              |                    |                            |        |           |                       |
|  |                     |                    |                   |                                 |                    |                            |        |           | Contact Person Email: |
| Field Contact Person:                            |                     |                    |                   |                                 |                    |                            |        |           |                       |
| Field Contact Person Phon                        | e:()                |                    |                   |                                 |                    |                            | #:     |           |                       |
|  |                     |                    |                   |                                 | orage Permit #:    | Date Shut-In:              |        |           |                       |
|  | Conductor           | Surface            | Pro               | duction                         | Intermediate       | Liner                      | Tubing | J         |                       |
| Size   |                     |                    |                   |                                 |                    |                            |        |           |                       |
| Setting Depth                                    |                     |                    |                   |                                 |                    |                            |        |           |                       |
| Amount of Cement                                 |                     |                    |                   |                                 |                    |                            |        |           |                       |
| Top of Cement                                    |                     |                    |                   |                                 |                    |                            |        |           |                       |
| Bottom of Cement                                 |                     |                    |                   |                                 |                    |                            |        |           |                       |
| Casing Fluid Level:                              | Н                   | ow Determined?     |                   |                                 |                    | Date:                      |        |           |                       |
| Casing Squeeze(s):                               | ) to w /            | sacks of ce        | ment,             | to                              | (bottom) W /       | sacks of cement. Dat       | :e:    |           |                       |
| Do you have a valid Oil & O                      | Gas Lease? 🗌 Yes 🗌  | No                 |                   |                                 |                    |                            |        |           |                       |
| Depth and Type: 🗌 Junk                           | in Hole at          | ☐ Tools in Hole at | h) Ca             | sing Leaks:                     | Yes No Depth       | of casing leak(s):         |        |           |                       |
| Type Completion:                                 | T.I ALT. II Depth o | f: DV Tool:        | w /               | sacks                           | s of cement Port C | ollar: w /                 | sack o | of cement |                       |
| Packer Type:                                     | Size:               |                    | Inch              | Set at:                         | Feet               | :                          |        |           |                       |
| Total Depth:                                     | Plug Bac            | k Depth:           |                   | Plug Back Meth                  | od:                |                            |        |           |                       |
| Geological Data:                                 |                     |                    |                   |                                 |                    |                            |        |           |                       |
| Formation Name                                   | Formation           | Top Formation Base |                   |                                 | Completion         | Information                |        |           |                       |
| 1  | At:                 | to Feet            | Perfo             | ration Interval                 | toFe               | et or Open Hole Interval   | to     | Feet      |                       |
| 2  | At:                 | to Feet            | Perfo             | ration Interval                 | to Fe              | et or Open Hole Interval _ | to     | Feet      |                       |

## Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               | TA             | Approved: Yes Denied      |

## Mail to the Appropriate KCC Conservation Office:

| from the last are the in an first press and was been                            | 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 |
| Anne from total finds total property from them total total formation (and total | Underground Porosity Gas Storage (UPGS) 8200 E. 34th Street Circle N., Suite 1003, Wichita, KS 67226 | Phone 316.734.4933 |