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. 15Spot Description:							
								Address 1:			
Address 2:							/ S Line of Section				
City:            State:            Contact Person:            Contact Person Email:            Field Contact Person:				GPS Location: Lat:, Long:							
							Elevation:				
											Field Contact Person Phone
					Conductor	Surface	Pro	oduction	Intermediate	Liner	Tubing
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	w/	sacks of cement. D	ate:				
		_		(top)	(bottom)						
Do you have a valid Oil & G				_	_						
Depth and Type:  Junk i	in Hole at — L	☐ Tools in Hole at — (depi	<u></u> Ca	sing Leaks:	Yes No Depth	of casing leak(s):					
Type Completion: ALT.	. I ALT. II Depth o	of: DV Tool:(depth)	w/_	sacks	s of cement Port Co	ollar: w / _	sack of cement				
Packer Type:						VF7					
Total Depth:	I Depth: Plug Back Depth:			Plug Back Metho	od:						
Geological Data:											
Formation Name Formation Top Formation Base				Completion Information							
1	At:	to Feet	Perfo	ration Interval _	to Fee	et or Open Hole Interval	to Feet				
2	At:	to Feet	Perfo	ration Interval -	to Fee	et or Open Hole Interval	toFeet				
		Submitt	ed Ele	ctronically	y 						
D- NOT Weigning This	D. T				D + D - 1	D. D D.	D. D. J. C. C.				
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						
		Mail to the Aver	wa mulate l	VCC C	estion Office						
		Mail to the App	ropriate	NUU Uonserv	ation Office:						

