KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1037020

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

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# 32811
Name: OSAGE Resources, LLC
Address 1: 6209 N K61 HWY
Address 2:
City: HUTCHINSON State: KS Zip: 67502 + 8608
Contact Person: Brooke Maxfield
Phone: (620) 664-9622
Contact Person Email: bcm@osageoil.com
Field Contact Person: Brent Birk
Field Contact Person Phone: (620) 930-8056

API No. 15- 15-007-20565-00-00
Spot Description:
___ - ___ - NW - SE Sec. 36 Twp. 32 S. R. 15 ☐ E ☐ W
1980 feet from ☐ N / ☐ S Line of Section
1980 feet from ☐ E / ☐ W Line of Section
GPS Location: Lat: _____ (e.g. xx.xxxxx), Long: _____ (e.g. -xxx.xxxxx)
County: Barber
Lease Name: CARR Well #: 1
Elevation: 1958 ☐ GL ☐ KB
Well Type: *(check one)* ☐ Oil ☐ Gas ☐ OG ☐ WSW ☐ Other: _____
☐ SWD Permit #: _____ ☐ ENHR Permit #: _____
☐ Gas Storage Permit #: _____
Spud Date: 04/18/1977 Date Shut-In: 2004

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size	NA	8.625	4.5	NA	NA	NA
Setting Depth		239	3009			
Amount of Cement		225	300			
Top of Cement		NA	NA			
Bottom of Cement		NA	NA			

Casing Fluid Level: 760 How Determined? Fluid level gun Date: 4/14/2010
Casing Squeeze(s): _____ (top) to _____ (bottom) w / _____ sacks of cement, _____ (top) to _____ (bottom) w / _____ sacks of cement. Date: _____
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: _____ (depth) w / _____ sacks of cement ☐ Port Collar: _____ (depth) w / _____ sack of cement
Packer Type: _____ Size: _____ Inch Set at: _____ Feet
Total Depth: 3010 Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

Formation Name	Formation Top	Formation Base	Completion Information
1. _____	At: _____	to _____ Feet	Perforation Interval 2270 to 2333 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: Steve Pfeifer Comments: _____ TA Approved: Yes ☐ Denied ☐

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