Form CP-111 March 2009 Form must be Typed Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

	ation Intervalto the state of the sta	o Feet or	Open Hole Interval	ut Back in Service:
Type Completion: ALT. I Depth of: DV Tool: w /	ation Intervalto ation Intervalto ctronically	o Feet or o Feet or	Open Hole Interval	to Feet
Type Completion: ALT. I Depth of: DV Tool: w /	ation Intervalto	o Feet or	Open Hole Interval	
Type Completion: ALT. I ALT. II Depth of: DV Tool:w /	ation Interval to	o Feet or	Open Hole Interval	
Type Completion: ALT. I ALT. II Depth of: DV Tool:w /	ation Interval to	o Feet or	Open Hole Interval	
Type Completion: ALT. I Depth of: DV Tool: w / ALT. II Depth o		•		toFeet
Type Completion: ALT. I ALT. II Depth of: DV Tool: w /w /	iug васк Metnod:	Completion Infor	mation	
Type Completion: ALT. I ALT. II Depth of: DV Tool: w /w /	iug васк метпоа:			
Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth) W / Packer Type: Size: Inch	lug Back Method:			
Type Completion: ALT. I ALT. II Depth of: DV Tool: (depth) w /	los Deels Madeeds		-	
Depth and Type: Junk in Hole at (depth) Tools in Hole at (depth) Ca				
	ing Leaks: Yes	No Depth of ca	sing leak(s):	
Do you have a valid Oil & Gas Lease?				
Casing Squeeze(s): to w / sacks of cement, _	(top) to (bottom)	_ w/	sacks of cement. Date	ŭ
Casing Fluid Level: How Determined?				
DOROTH OF CERTIFIE				
Top of Cement Bottom of Cement				
Amount of Coment				
Setting Depth				
Size				
Conductor Surface Pr	duction Inte	ermediate	Liner	Tubing
	Spud Date:	ı	Date Shut-In:	
Field Contact Person Phone: ()	Gas Storage Permit #:			
Field Contact Person Phono:			_ ENHR Permit #	
Contact Person Email:			OG WSW Ot	
Phone:()			Well #:	
Contact Person:	County:			
City: State: Zip: +	GPS Location: Lat:, Long:, (e.g. xx.xxxxx)			
Address 2:			_ feet from \square E /	=
Address 1:			Twp S. R _ feet from \[\bigcup N /	
Name:			T 0. D.	
OPERATOR: License#				

