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

All blanks must be complete

Phone 620.432.2300

Phone 785.625.0550

Phone 316.734.4933

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#  |                        | API No. 15               |                                |                                  |                               |             |                    |            |              |          |  |
|---|------------------------|--------------------------|--------------------------------|----------------------------------|-------------------------------|-------------|--------------------|------------|--------------|----------|--|
| Name:   |                        |                          |                                |                                  |                               |             |                    |            |              |          |  |
| Address 1:  |                        |                          |                                |                                  | Sec                           |             | Twp 5              | S. R       | [ [          | <u> </u> |  |
| Address 2:  |                        |                          |                                |                                  |                               |             |                    |            |              |          |  |
| City:   |                        |                          |                                |                                  |                               |             |                    |            |              |          |  |
| Contact Person:   |                        |                          |                                | GPS Location: Lat:, Long:, Long: |                               |             |                    |            |              |          |  |
|   |                        |                          |                                | Lease Name: Well #:              |                               |             |                    |            |              |          |  |
| Contact Person Email:   | Elevation:             |                          |                                |                                  |                               |             |                    |            |              |          |  |
| Field Contact Person:   |                        |                          |                                |                                  |                               |             |                    |            |              |          |  |
| Field Contact Person Phone: (   |                        |                          |                                |                                  |                               |             |                    |            |              |          |  |
| Tota Comact Forcer Friends.   |                        |                          |                                |                                  | rage Permit #:                |             |                    |            |              |          |  |
|   |                        |                          |                                | Spud Date: _                     |                               |             | Date Shut-In:      |            |              |          |  |
|   | Conductor              | Surface                  | Pr                             | oduction                         | Intermediat                   | е           | Liner              |            | Tubing       |          |  |
| Size  |                        |                          |                                |                                  |                               |             |                    |            |              |          |  |
| Setting Depth   |                        |                          |                                |                                  |                               |             |                    |            |              |          |  |
| Amount of Cement  |                        |                          |                                |                                  |                               |             |                    |            |              |          |  |
| Top of Cement   |                        |                          |                                |                                  |                               |             |                    |            |              |          |  |
| Bottom of Cement  |                        |                          |                                |                                  |                               |             |                    |            |              |          |  |
| Casing Fluid Lavel:   | ш                      | ow Determined?           |                                |                                  |                               | -           | Noto:              |            |              |          |  |
| Casing Fluid Level: How Determined?  Casing Squeeze(s): to w/ sacks of cement |                        |                          |                                |                                  | to w / sacks of cement. Date: |             |                    |            |              |          |  |
| (top)   | (bottom)               | 3000 01 00               | Jilioin, _                     | (top) (                          | (bottom)                      |             | dono or ocinioni   | . Dato     |              |          |  |
| Do you have a valid Oil & Gas   | Lease? Yes             | ] No                     |                                |                                  |                               |             |                    |            |              |          |  |
| Depth and Type:   Junk in I   | Hole at                | Tools in Hole at         | Ca                             | asing Leaks:                     | Yes No D                      | epth of cas | ing leak(s):       |            |              |          |  |
| Type Completion: ALT. I   |                        |                          |                                |                                  |                               |             |                    |            |              | cement   |  |
|   |                        |                          |                                |                                  |                               |             | (depth)            |            |              |          |  |
| • •   | Size: Inch             |                          |                                |                                  |                               |             |                    |            |              |          |  |
| Total Depth:  | Plug Bac               | k Depth:                 |                                | Plug Back Metho                  | od:                           |             |                    |            |              |          |  |
| Geological Data:  |                        |                          |                                |                                  |                               |             |                    |            |              |          |  |
| Formation Name  | Formation <sup>2</sup> | Completion Information   |                                |                                  |                               |             |                    |            |              |          |  |
| 1   | At:                    | to Fee                   | t Perfo                        | oration Interval _               | to                            | _ Feet or   | Open Hole Inte     | rval       | to           | Feet     |  |
| 2   |                        | to Fee                   | t Perfo                        | oration Interval_                | to                            | _ Feet or   | Open Hole Inte     | rval       | to           | Feet     |  |
|   |                        |                          |                                |                                  |                               |             |                    |            |              |          |  |
|   |                        |                          |                                |                                  |                               |             |                    |            |              |          |  |
|   |                        | Submitt                  | ted Ele                        | ectronically                     | /                             |             |                    |            |              |          |  |
|   |                        |                          |                                |                                  |                               |             |                    |            |              |          |  |
|   |                        |                          |                                |                                  |                               |             |                    |            |              |          |  |
| Do NOT Write in This Date Tested: Results:                                    |                        |                          |                                |                                  | Date Plugged                  | d: Date     | Repaired: [        | Date Put B | ack in Servi | ice:     |  |
| Space - KCC USE ONLY  |                        | _                        |                                |                                  |                               |             |                    |            |              |          |  |
| Review Completed by:  |                        |                          | nents: TA Approved: Yes Denied |                                  |                               |             |                    |            |              |          |  |
| Noview Completed by.  |                        |                          | 001111                         |                                  |                               |             | in App             | TOVGU. 16  |              | - L      |  |
|   |                        |                          | _                              |                                  |                               |             |                    |            |              |          |  |
|   |                        | Mail to the App          | oropriate                      | KCC Conserva                     | ation Office:                 |             |                    |            |              |          |  |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801      |                        |                          |                                |                                  |                               |             | Phone 620.225.8888 |            |              |          |  |
|   | KCC Distri             | ct Office #2 - 3450 N. R | ock Road,                      | Building 600, St                 | uite 601, Wichita,            | KS 67226    |                    | Phor       | ne 316.630   | ).4000   |  |

KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720

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

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651