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

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

| OPERATOR: License#                                      |               |                            |             | API No. 15-                   |  |                       |            |                          |              |   |   |       |   |  |  |  |
|---|---------------|----------------------------|-------------|-------------------------------|--|-----------------------|------------|--------------------------|--------------|---|---|-------|---|--|--|--|
| Name:   |               |                            |             | Spot Description:             |  |                       |            |                          |              |   |   |       |   |  |  |  |
| Address 1:  |               |                            |             | ·                             | · Sec.   | Twp                   | S. R       |                          | E W          |   |   |       |   |  |  |  |
| Address 2:  |               |                            |             |                               |  | feet from             |            |                          |              |   |   |       |   |  |  |  |
| City:   | State:        | Zip: +                     |             |                               |  | feet from             |            | ☐W Line                  | of Section   |   |   |       |   |  |  |  |
| Contact Person:   |               |                            |             | GPS Location: Lat:            |  |                       |            |                          |              |   |   |       |   |  |  |  |
|   |               |                            |             |                               |  |                       |            |                          |              | Well Type: (check one)  Oil  Gas  OG  WSW  Other:  ENHR Permit #:  ENHR Permit #: |   |       |   |  |  |  |
|   |               |                            |             |                               |  |                       |            |                          |              |   |   |       |   |  |  |  |
|   |               |                            |             |                               | Conductor  | Surface               | Pr         | oduction                 | Intermediate | Line  | r | Tubin | q |  |  |  |
|   |               |                            |             | Size                          |  |                       |            |                          |              |   |   |       |   |  |  |  |
| Setting Depth   |               |                            |             |                               |  |                       |            |                          |              |   |   |       |   |  |  |  |
| Amount of Cement  |               |                            |             |                               |  |                       |            |                          |              |   |   |       |   |  |  |  |
| Top of Cement   |               |                            |             |                               |  |                       |            |                          |              |   |   |       |   |  |  |  |
| Bottom of Cement  |               |                            |             |                               |  |                       |            |                          |              |   |   |       |   |  |  |  |
| Casing Fluid Level:                                     |               | ow Determined?             |             |                               |  | Date                  |            |                          |              |   |   |       |   |  |  |  |
| · ·   |               |                            |             |                               |  |                       |            |                          |              |   |   |       |   |  |  |  |
| Casing Squeeze(s):                                      | (bottom)      | 3000 01 0                  | ocinioni, _ | (top)                         | (bottom)   | 34613 61 66           | ment. Date | J                        |              |   |   |       |   |  |  |  |
| Do you have a valid Oil & G                             | as Lease? Yes | No                         |             |                               |  |                       |            |                          |              |   |   |       |   |  |  |  |
| Depth and Type:   | in Hole at    | Tools in Hole at           | Ca          | asing Leaks:                  | Yes No De  | pth of casing leak(s) | :          |                          |              |   |   |       |   |  |  |  |
| Type Completion: ALT                                    |               |                            |             |                               |  |                       |            |                          | of cement    |   |   |       |   |  |  |  |
| Packer Type:  |               |                            |             |                               |  |                       |            |                          |              |   |   |       |   |  |  |  |
|   |               |                            |             | Plug Back Method:             |  |                       |            |                          |              |   |   |       |   |  |  |  |
| ·   |               | 57                         |             |                               |  |                       |            |                          |              |   |   |       |   |  |  |  |
| Geological Data:  | Formation     | Ton Formation Dass         |             |                               | Commission   | tion Information      |            |                          |              |   |   |       |   |  |  |  |
| Formation Name  |               | Top Formation Base         |             |                               | •  | tion Information      |            | 4-                       | F4           |   |   |       |   |  |  |  |
| 1   | At:           |                            |             |                               |  |                       |            |                          |              |   |   |       |   |  |  |  |
| 2   | At:           | to Fee                     | et Perio    | oration Interval <sub>-</sub> | to   | Feet or Open Hole     | : Interval | to                       | Feet         |   |   |       |   |  |  |  |
|   |               |                            |             |                               |  |                       |            |                          |              |   |   |       |   |  |  |  |
|   |               | Submit                     | ted Ele     | ectronically                  | y<br>  |                       |            |                          |              |   |   |       |   |  |  |  |
|   |               |                            |             |                               |  |                       |            |                          |              |   |   |       |   |  |  |  |
| Do NOT Write in This Date Tested:  Space - KCC USE ONLY |               |                            | Results:    |                               | Date Plugged: Date Repaired: Date Re |                       |            | ate Put Back in Service: |              |   |   |       |   |  |  |  |
| Review Completed by:                                    |               | Comm                       |             |                               | ents: TA A   |                       |            | pproved: Yes Denied D    |              |   |   |       |   |  |  |  |
|   |               |                            |             |                               |  |                       |            |                          |              |   |   |       |   |  |  |  |
|   |               | Mail to the Ap             | propriate   | KCC Conserv                   | ation Office:  |                       |            |                          |              |   |   |       |   |  |  |  |
|   | KCC Distr     | ict Office #1 - 210 E. Fro | ontview, Su | ite A, Dodge Ci               | ty, KS 67801   |                       | F          | hone 620.22              | 25.8888      |   |   |       |   |  |  |  |

| 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 |