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

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.432.2300

Phone 785.625.0550

Phone 316.734.4933

| OPERATOR: License#  |                              |  |           | API No. 15 Spot Description:  |  |                         |                         |            |           |         |     |            |              |               |           |
|---|------------------------------|--|-----------|---|--|-------------------------|-------------------------|------------|-----------|---------|-----|------------|--------------|---------------|-----------|
|   |                              |  |           |   |  |                         |                         | Address 1: |           |         |     | ·          | Sec          | Twp S.        | R 🗌 E 🔲 W |
| Address 2:  |                              |  |           |   |  |                         | I / S Line of Section   |            |           |         |     |            |              |               |           |
| City:   | State:                       | Zip: +   |           |   |  |                         | E / W Line of Section   |            |           |         |     |            |              |               |           |
| Contact Person:   |                              |  |           | GPS Location: Lat:, Long:, Long:  |  |                         |                         |            |           |         |     |            |              |               |           |
| Phone:( )   |                              |  |           | 1   | Lease Name: Well #:  |                         |                         |            |           |         |     |            |              |               |           |
|   |                              |  |           |   |  |                         | GL KB                   |            |           |         |     |            |              |               |           |
|   |                              |  |           | Well Type: (check one) Oil Gas OG WSW Other:  SWD Permit #: ENHR Permit #:  Gas Storage Permit #: |  |                         |                         |            |           |         |     |            |              |               |           |
|   |                              |  |           |   |  |                         |                         |            |           |         |     | Spud Date: |              | Date Shut-In: |           |
|   |                              |  |           |   |  |                         |                         |            | Conductor | Surface | Pro | oduction   | Intermediate | Liner         | Tubing    |
| Size  |                              |  |           |   |  |                         |                         |            |           |         |     |            |              |               |           |
| Setting Depth   |                              |  |           |   |  |                         |                         |            |           |         |     |            |              |               |           |
| Amount of Cement  |                              |  |           |   |  |                         |                         |            |           |         |     |            |              |               |           |
| Top of Cement   |                              |  |           |   |  |                         |                         |            |           |         |     |            |              |               |           |
| Bottom of Cement  |                              |  |           |   |  |                         |                         |            |           |         |     |            |              |               |           |
| One in a Florid Level   | 11-                          | D. t   |           |   |  | Deter                   |                         |            |           |         |     |            |              |               |           |
| Casing Fluid Level:   |                              |  |           |   |  |                         |                         |            |           |         |     |            |              |               |           |
| Casing Squeeze(s):  | to w /                       | Sacks of Ce  | ement, _  | (top)   | (bottom) W /   | Sacks of Cernent.       | Date                    |            |           |         |     |            |              |               |           |
| Do you have a valid Oil & Gas   | Lease? Yes                   | No   |           |   |  |                         |                         |            |           |         |     |            |              |               |           |
| Depth and Type:   | Hole at                      | Tools in Hole at                                   | Ca        | asing Leaks:  | Yes No Depth   | n of casing leak(s):    |                         |            |           |         |     |            |              |               |           |
| Type Completion: ALT. I   |                              |  |           |   |  |                         |                         |            |           |         |     |            |              |               |           |
| Packer Type:  |                              |  |           |   |  |                         |                         |            |           |         |     |            |              |               |           |
|   | epth: Plug Back Depth:       |  |           |   |  |                         |                         |            |           |         |     |            |              |               |           |
|   |                              |  |           | 3   |  |                         |                         |            |           |         |     |            |              |               |           |
| Geological Data:  | Farmatian T                  | on Formation Dage                                  |           |   | Completie  | - Information           |                         |            |           |         |     |            |              |               |           |
| Formation Name  | Formation Top Formation Base |  |           |   | Completion Information ration Interval to Feet or Open Hole Interval to Feet |                         |                         |            |           |         |     |            |              |               |           |
| 1   |                              |  |           |   |  |                         |                         |            |           |         |     |            |              |               |           |
| 2   | At:                          | to Fee   | t Perio   | oration Interval _  | to Fe  | eet or Open Hole Interv | al toFeet               |            |           |         |     |            |              |               |           |
|   |                              | Submitt  | ted Ele   | ectronically  | <b>y</b>   |                         |                         |            |           |         |     |            |              |               |           |
|   |                              |  |           |   |  |                         |                         |            |           |         |     |            |              |               |           |
| Do NOT Write in This Date Tested: Results:  |                              |  | Results:  |   | Date Plugged:  | Date Repaired: Da       | te Put Back in Service: |            |           |         |     |            |              |               |           |
| Space - KCC USE ONLY  |                              |  |           |   |  |                         |                         |            |           |         |     |            |              |               |           |
| Review Completed by:  |                              | Comments:  |           |   | nts: TA Approved: Yes Denied Denied  |                         |                         |            |           |         |     |            |              |               |           |
|   |                              | Mail to the App                                    | propriate | KCC Conserv   | ation Office:  |                         |                         |            |           |         |     |            |              |               |           |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801  |                              |  |           |   |  |                         | Phone 620.225.8888      |            |           |         |     |            |              |               |           |
| Trans State | _{                           | KCC District Office #1 - 210 E. Frontview, Suite A |           |   | <u>*                                    </u>                                 | Phone 316.630.4000      |                         |            |           |         |     |            |              |               |           |
| 4   | 1.30 0131110                 |  | iuu,      |   | , TTIOIIII, INO  |                         | 0 10.000.7000           |            |           |         |     |            |              |               |           |

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