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                           | •                    |             |                 |   |     |    |  |  |          |
| Address 2:       State:       Zip:       +         Contact Person: |                        |                    |           | feet from N / S Line of Section |                               |                      |             |                 |   |     |    |  |  |          |
|  |                        |                    |           |                                 | feet from E / W Line of Sec   |                      |             |                 |   |     |    |  |  |          |
|  |                        |                    |           | GPS Location: Lat:              |                               |                      |             |                 |   |     |    |  |  |          |
|  |                        |                    |           |                                 |                               |                      |             |                 | Well Type: (check one)  Oil  Gas  OG  WSW  Other: |     |    |  |  |          |
|  |                        |                    |           |                                 |                               |                      |             |                 | Field Contact Person Phone                        | :() |    |  |  | ermit #: |
|  |                        |                    |           |                                 |                               |                      |             |                 | orage Permit #:                                   |     | n: |  |  |          |
|  |                        |                    |           |                                 |                               |                      |             |                 |   |     |    |  |  |          |
| 0:   | Conductor              | Surface            | Pro       | oduction                        | Intermediate                  | Liner                |             | Tubing          |   |     |    |  |  |          |
| Size<br>Sotting Donth  |                        |                    |           |                                 |                               |                      |             |                 |   |     |    |  |  |          |
| Setting Depth  Amount of Cement                                    |                        |                    |           |                                 |                               |                      |             |                 |   |     |    |  |  |          |
| Top of Cement  |                        |                    |           |                                 |                               |                      |             |                 |   |     |    |  |  |          |
| Bottom of Cement   |                        |                    |           |                                 |                               |                      |             |                 |   |     |    |  |  |          |
|  |                        |                    |           |                                 |                               |                      |             |                 |   |     |    |  |  |          |
| Casing Fluid Level:  |                        |                    |           |                                 |                               |                      |             |                 |   |     |    |  |  |          |
| Casing Squeeze(s):   | to w /                 | sacks of co        | ement, _  | to                              | (bottom) W /                  | sacks of ceme        | ent. Date:  |                 |   |     |    |  |  |          |
| Do you have a valid Oil & Ga                                       |                        | _                  |           |                                 | ,                             |                      |             |                 |   |     |    |  |  |          |
| Depth and Type:  Junk in   |                        | _                  | oth) Ca   | asing Leaks:                    | Yes No Depth                  | of casing leak(s): _ |             |                 |   |     |    |  |  |          |
| Type Completion: ALT.  |                        |                    |           |                                 |                               |                      |             |                 |   |     |    |  |  |          |
| Packer Type:   |                        |                    |           |                                 |                               | ,                    |             |                 |   |     |    |  |  |          |
| Total Depth:   |                        |                    |           |                                 |                               |                      |             |                 |   |     |    |  |  |          |
| Geological Data:   |                        |                    |           |                                 |                               |                      |             |                 |   |     |    |  |  |          |
| Formation Name   | Formation <sup>-</sup> | Top Formation Base |           |                                 | Completion                    | n Information        |             |                 |   |     |    |  |  |          |
| 1  | At:                    | to Fee             | t Perfo   | oration Interval _              | toFe                          | eet or Open Hole Ir  | nterval     | toFeet          |   |     |    |  |  |          |
| 2  | At:                    | to Fee             | t Perfo   | ration Interval -               | to Fe                         | eet or Open Hole In  | nterval     | toFeet          |   |     |    |  |  |          |
|  |                        | 0.1                |           |                                 |                               |                      |             |                 |   |     |    |  |  |          |
|  |                        | Submit             | tea Ele   | ectronically                    | y<br>                         |                      |             |                 |   |     |    |  |  |          |
| Do NOT Write in This<br>Space - KCC USE ONLY                       | Date Tested:           | Results:           |           |                                 | Date Plugged:                 | Date Repaired:       | Date Put Ba | ack in Service: |   |     |    |  |  |          |
| Review Completed by:   |                        | Comme              |           |                                 | ents: TA Approved: Yes Denied |                      |             |                 |   |     |    |  |  |          |
|  |                        | Mail to the App    | oropriate | KCC Conserv                     | vation Office:                |                      |             |                 |   |     |    |  |  |          |
|  |                        |                    |           |                                 |                               |                      |             |                 |   |     |    |  |  |          |

| Name take land now had been made there are made and the board                | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                             | Phone 620.225.8888 |  |
|--|--|--------------------|--|
| 4  | 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 |  |
| 3  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                                    | Phone 785.625.0550 |  |
| Since Street Street Sale Streets Street Street Street Street Streets Streets | Underground Porosity Gas Storage (UPGS) 8200 E. 34th Street Circle N., Suite 1003, Wichita, KS 67226 | Phone 316.734.4933 |  |