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								
				Spot Description:								
Address 1:						Twp						
Address 2:						feet from	\square N / \square S	S Line of Section				
City:	State:	Zip: +				feet from		N Line of Section				
Contact Person: Phone:() Contact Person Email: Field Contact Person: Field Contact Person Phone:()				GPS Location: Lat:								
									Elevation: GL KB Well Type: (check one) Oil Gas OG WSW Other:			
				SWD Permit #: ENHR Permit #:								
				Gas Storage Permit #: Date Shut-In:								
					Conductor	Surface	Pro	oduction	Intermediate	Liner		Tubing
				Size	Conductor	Canaco		Jaconon	momodato	2.1101		Tubing
Setting Depth												
Amount of Cement												
Top of Cement												
Bottom of Cement												
Do you have a valid Oil & Ga Depth and Type:	h Hole at	Tools in Hole at	w/_w/_Inch	Set at: Plug Back Meth	complet	rt Collar:(depth)	w /	sack of cement				
		Submitt	ted Ele	ctronically	у							
Do NOT Write in This Space - KCC USE ONLY	Date Tested:	e Tested: Results:		Date Plugged: Date Repaired: Date Put Back in Service			.ck in Service:					
Review Completed by: Comm			nents: TA Approved: Yes Denied									
	KCC Distri	Mail to the App					Phone	e 620.225.8888				

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	

Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

5. Lease Serial No. KSNM 067927

SUNDRY NOTICES AND REPORTS ON WELLS

6. If Indian, Allottee or Tribe Name

Do not use this f	orm for proposals to dr Use Form 3160-3 (APD)	1	o. If indian, Another of Tribe Name			
SUBMIT	T IN TRIPLICATE – Other instr	7	7. If Unit of CA/Agreement, Name and/or No.			
1. Type of Well		······································		. Well Name and No.		
✓ Oil Well ☐ Gas W	/ell Other		Į L	JSA AD #2		
2. Name of Operator Anadarko Pet. Corp.			9	. API Well No. 5-129-21230		
3a. Address Box 1330 Houston, Texas 77251-1330		Phone No. <i>(include area cod</i> -636-1000	· 1	0. Field and Pool or Ex Stirrup / Morrow	xploratory Area	
4. Location of Well <i>(Footage, Sec., T.,,</i> 660' FSL & 660" FWL Sec 11-33S-40W	R.,M., or Survey Description)			1. Country or Parish, S Morton, Kansas	tate	
12. CHEC	K THE APPROPRIATE BOX(ES) TO INDICATE NATURI	E OF NOTICE	, REPORT OR OTHE	R DATA	
TYPE OF SUBMISSION		TY	PE OF ACTIO	N		
Notice of Intent	Acidize Alter Casing Casing Repair	Deepen Fracture Treat New Construction	Produc Reclam		Water Shut-Off Well Integrity Other	
Subsequent Report	Change Plans	Plug and Abandon	——————————————————————————————————————			
Final Abandonment Notice	Convert to Injection	Plug Back		Disposal		
	red operations. If the operation res Abandonment Notices must be file r final inspection.) to fulfill Temporary Abandonme ented w/235 Sxs. Perforations 5 10 min	sults in a multiple completiced only after all requirement only after all requirement on the Application by pressures of the second of the sec	on or recomple ts, including re ing casing to 50. Hole loade	tion in a new interval, a clamation, have been on the second of the seco	a Form 3160-4 must be filed once completed and the operator has	
David Releford	•	Title Sr. Field Foreman				
Signature AM Ma		Date 05/13/20	010			
	THIS SPACE FOI	R FEDERAL OR ST	ATE OFFI	CE USE		
Approved by						
		Title		D	ate	
Conditions of approval, if any, are attache that the applicant holds legal or equitable t entitle the applicant to conduct operations	itle to those rights in the subject leas	varrant or certify e which would Office				
Tiele 19 H C C Costion 1001 and Title 43	IISC Section 1212 make it a crim	e for any person knowingly a	nd willfully to	nake to any department	or agency of the United States any false.	

fictitious or fraudulent statements or representations as to any matter within its jurisdiction.