1056859

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: ___ _ - ___ - ___ - ___ Sec. ____ Twp. ____ S. R. ____ 🗌 E 🔲 W Address 1: feet from N / S Line of Section Address 2: — feet from ☐ E / ☐W Line of Section. _____ State: ____ Zip: ____ + _ _ _ _ _ GPS Location: Lat:____ ___ , Long: ___ (e.g. xx.xxxxx) Contact Person: ___ County: _____ Phone:(_____) __ Lease Name: _____ Well #: ____ Elevation: ___ Contact Person Email: ___ Well Type: (check one) Oil Gas OG WSW Other: Field Contact Person: ___ _____ ENHR Permit #:_____ Field Contact Person Phone: (_____) ____ Gas Storage Permit #: ___ Spud Date: __ __ Date Shut-In: _ Tubing Conductor Surface Production Intermediate Liner Setting Depth Amount of Cement Top of Cement **Bottom of Cement** Casing Fluid Level: ___ _____ How Determined? ___ Casing Squeeze(s): ______ to _____ w / _____ sacks of cement, _____ to ____ w / ____ sacks of cement. Date: _____ Do you have a valid Oil & Gas Lease? Yes No Depth and Type:

Junk in Hole at

(depth)

Tools in Hole at

(depth)

Casing Leaks:
Yes
No Depth of casing leak(s): _w / _____ sacks of cement Port Collar: ____ w / ____ sack of cement __ Size: __ _ Inch Set at: ___ Packer Type: ___ __ Plug Back Method: ___ Total Depth: __ Plug Back Depth: ___ Geological Data: **Formation Name** Completion Information Formation Top Formation Base ___ At: _____ to _____ Feet Perforation Interval ___ ___to _____ Feet or Open Hole Interval _____ to _____ Feet 2. _____ At: ____ to ____ Feet Perforation Interval ______ to _____ Feet or Open Hole Interval _____ to ____ Feet

Submitted Electronically

Do NOT Write in This
Space - KCC USE ONLY

Date Tested:

Results:

Date Plugged:

Date Repaired:

Date Put Back in Service:

TA Approved: Yes Denied

Mail to the Appropriate KCC Conservation Office:

