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:  |             |  |                    |                    |  | Twp                     |               |          |                                 |           |         |     |         |                |       |  |              |
| Address 2:  |             |  |                    |                    |  | feet from               |               |          |                                 |           |         |     |         |                |       |  |              |
| City:   | State:      | Zip: +   |                    |                    |  | feet from               |               |          |                                 |           |         |     |         |                |       |  |              |
| Contact Person:   |             |  |                    | GPS Location: Lat: |  |                         |               |          |                                 |           |         |     |         |                |       |  |              |
|   |             |  |                    |                    |  |                         |               |          | Field Contact Person Phone: ( _ | ))        |         |     | Gas Sto | rage Permit #: | ENH   |  |              |
|   |             |  |                    |                    |  |                         |               |          |                                 | Conductor | Surface | Pro | duction | Intermediate   | Liner |  | Tubing       |
|   |             |  |                    |                    |  |                         |               |          | Size                            |           |         |     |         |                |       |  | <del>-</del> |
| Setting Depth   |             |  |                    |                    |  |                         |               |          |                                 |           |         |     |         |                |       |  |              |
| Amount of Cement  |             |  |                    |                    |  |                         |               |          |                                 |           |         |     |         |                |       |  |              |
| Top of Cement   |             |  |                    |                    |  |                         |               |          |                                 |           |         |     |         |                |       |  |              |
| Bottom of Cement  |             |  |                    |                    |  |                         |               |          |                                 |           |         |     |         |                |       |  |              |
| Casing Fluid Level:                                     |             |  |                    |                    |  |                         |               |          |                                 |           |         |     |         |                |       |  |              |
| Casing Squeeze(s):                                      | to w /      | sacks of ce  | ment,              | to                 | w /<br>(bottom)  | sacks of cerr           | nent. Date:   |          |                                 |           |         |     |         |                |       |  |              |
| Do you have a valid Oil & Gas L                         | ease? Yes   | No   |                    |                    |  |                         |               |          |                                 |           |         |     |         |                |       |  |              |
| Depth and Type:   Junk in Ho                            | ole at      | Tools in Hole at ——————————————————————————————————— | Ca                 | sing Leaks:        | Yes No De  | epth of casing leak(s): |               |          |                                 |           |         |     |         |                |       |  |              |
| Type Completion: ALT. I                                 |             |  |                    |                    |  |                         |               |          |                                 |           |         |     |         |                |       |  |              |
| Packer Type:  |             |  |                    |                    |  |                         |               |          |                                 |           |         |     |         |                |       |  |              |
| Total Depth:  | Plug Bac    | k Depth:   |                    | Plug Back Metho    | od:  |                         |               |          |                                 |           |         |     |         |                |       |  |              |
| Geological Data:  |             |  |                    |                    |  |                         |               |          |                                 |           |         |     |         |                |       |  |              |
| Formation Name  | Formation 7 | Top Formation Base                                   |                    |                    | Comple   | tion Information        |               |          |                                 |           |         |     |         |                |       |  |              |
| 1   | At:         | to Feet  | Perfo              | ration Interval _  | to   | Feet or Open Hole       | Interval      | _ toFeet |                                 |           |         |     |         |                |       |  |              |
| 2   | At:         | to Feet  | Perfo              | ration Interval_   | to   | Feet or Open Hole       | Interval      | _ toFeet |                                 |           |         |     |         |                |       |  |              |
|   |             |  |                    |                    |  |                         |               |          |                                 |           |         |     |         |                |       |  |              |
|   |             | Submitt  | ed Ele             | ctronically        | y  |                         |               |          |                                 |           |         |     |         |                |       |  |              |
|   |             |  |                    |                    |  |                         |               |          |                                 |           |         |     |         |                |       |  |              |
| Do NOT Write in This Date Tested:  Space - KCC USE ONLY |             | R<br>  | Results:           |                    | Date Plugged: Date Repaired: Date Put Back in Service: |                         |               |          |                                 |           |         |     |         |                |       |  |              |
| Review Completed by:                                    |             |  | Comn               | nents:             |  | TA .                    | Approved: Yes | Denied   |                                 |           |         |     |         |                |       |  |              |

## Mail to the Appropriate KCC Conservation Office:

