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

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 316.630.4000

Phone 620.432.2300

Phone 785.625.0550

Phone 316.734.4933

| OPERATOR: License# | | | | | API No. 15 | | | | | | |
|---|--|--------------------|----------|--------------------|--|--------------|----------------|--------------------|--------------------|-----------------|--|
| Name: | Spot Description: | | | | | | | | | | |
| Address 1: | | | | | Sec | c | Twp | S. R | | $E \ \square W$ | |
| Address 2: | | | | | | | | _ | | | |
| City: | | | | | | | | | | | |
| Contact Person: | | | | GPS Location: Lat: | | | | | |) | |
| Phone:() | | | | | Lease Name: Well #: | | | | | | |
| Contact Person Email: | | | | | Elevation: GL KB | | | | | | |
| Field Contact Person: | | | | | Well Type: (check one) Oil Gas OG WSW Other: | | | | | | |
| Field Contact Person Phone: () | | | | | SWD Permit #: ENHR Permit #: | | | | | | |
| , | | | | | Gas Storage Permit #: Spud Date: Date Shut-In: | | | | | | |
| | | | | Spud Date: | | | Date Shut-In: | | | | |
| | Conductor | Surface | Pr | oduction | Intermedia | te | Liner | | Tubing | 9 | |
| Size | | | | | | | | | | | |
| Setting Depth | | | | | | | | | | | |
| Amount of Cement | | | | | | | | | | | |
| Top of Cement | | | | | | | | | | | |
| Bottom of Cement | | | | | | | | | | | |
| Do you have a valid Oil & C Depth and Type: Junk Type Completion: ALT Packer Type: | in Hole at <u>(depth)</u> T. I ALT. II Depth o | Tools in Hole at | w/_ | sack | s of cement I | Port Collar: | | | | of cement | |
| Total Depth: | Plug Bad | Plug Back Depth: | | | Plug Back Method: | | | | | | |
| Geological Data: | | | | | | | | | | | |
| Formation Name | Formation | Top Formation Base | | | Comp | letion Infor | mation | | | | |
| 1 | At: | to Feet | Perfo | oration Interval | to | Feet or | Open Hole Inte | erval | to | Feet | |
| 2 | At: | to Feet | Perfo | oration Interval. | to | Feet or | Open Hole Inte | erval _ | to | Feet | |
| | | Submitt | ed Ele | ectronicall | y | | | | | | |
| | | | | | | | | | | | |
| Do NOT Write in This Space - KCC USE ONLY | | | Results: | | Date Plugged: Date Repaired: Date Put Back in Service: | | | | | | |
| Review Completed by: | | | ments: | ents: TA Appro | | | | oved: Yes Denied D | | | |
| | | Mail to the App | ropriate | KCC Conserv | ration Office: | | | | | | |
| | | | | | | | | | Phone 620.225.8888 | | |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 | | | | | | | | | | 0000 | |

KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226

Underground Porosity Gas Storage (UPGS) 8200 E. 34th Street Circle N., Suite 1003, Wichita, KS 67226

KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651