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:			
Address 2:				feet from N / S Line of Section GPS Location: Lat: , Long: (e.gxxx.xxxxx) County: (e.gxxx.xxxxx)							
											Well #:
								Elevation:_			GL KB
							/ Other:				
				☐ SWD Permit #:							
									I	T	
					Conductor	Surface	Pro	oduction	Intermediate	Liner	Tubing
				Size							
Setting Depth											
Amount of Cement											
Top of Cement											
Bottom of Cement											
Casing Fluid Level:	H	ow Determined?				Date:					
Casing Squeeze(s):	to w/	sacks of ce	ement, _	to	w/	sacks of cemen	nt. Date:				
	· _ · _ ·	_		(top)	(bottom)						
Do you have a valid Oil & G		_		_							
Depth and Type:	in Hole at		oth) Ca	sing Leaks:	Yes No Depth	of casing leak(s):					
Type Completion: ALT	T. I ALT. II Depth of	of: DV Tool:	w/_	sack	s of cement Port C	Collar:	w / sack of cement				
Packer Type:											
Total Depth:	Plug Ba	Plug Back Depth:			Plug Back Method:						
Geological Data:											
Formation Name	mation Name Formation Top Formation Base				Completion Information						
1	At:	to Fee	t Perfo	ration Interval	toFe	eet or Open Hole Inte	erval toFeet				
2	At:	to Fee	t Perfo	ration Interval.	to Fe	eet or Open Hole Inte	erval toFeet				
		Submit	ted Ele	ctronicall	у						
Do NOT Write in This Space - KCC USE ONLY			Results:		Date Plugged:	Date Repaired:	Date Put Back in Service:				
Review Completed by:	Review Completed by: Comr			nents: TA Approved: Yes Denied							
	I	Mail to the App	propriate	KCC Conserv	vation Office:						

